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Editorials

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THE "FLU"

THE influenzal epidemic struck us like a cyclone. A fortnight ago Massachusetts had chronicled 11,000 deaths; and Ontario had registered 3,000 deaths!! To those of us medicos who were in the midst of it, many of whom contracted the disease (and some unfortunately passed to the Great Beyond), it seemed to be in the air—a sort of climatic infection —and we were loath to accept the verdict of the authorities who hold that it is communicated by sputum droplets, coughed, spit, or sneezed out, or through contamination from utensils and the like, used by the patient.

Some of our patients seemed only to be suffering from common colds, accompanied with bronchitis; others, in addition to the coryzal symptoms, had the grippal pains in back and limbs and head; in others

gastro-intestinal symptoms were quite marked—anorexia, vomiting, abdominal tenderness and pain, with, occasionally, mucoid or blood-tinged stools. Some cases were inaugurated by hemorrhage from the nose or throat; others by marked sudden prostration with pronounced toxicity of the nervous system, indicated by stupor and delirium, and of the respiratory system by marked flushing or cyanosis. The skin sometimes showed a confluent erythema, splotchy, with elevated patches. The pulse often indicated that the myocardium was affected; the respiration even in many of those with pneumonic involvement was not correspondingly accelerated. In most cases the temperature was not high; but in a few cases fever was pronounced, and these were serious cases.

The pneumonic involvement was likely to be overlooked unless one saw the bloody sputum—the physical signs in many cases not being marked. The lungs quite often showed involvement in patches; in others there was lobar involvement without the classical signs of a true lobar pneumonia. In some patients albumin was present in the urine.

Rest in bed, fluid diet, and good nursing were the paramount features of the treatment. Some of our older men administered judiciously a little aconite and looked well to the emunctories—clearing out the bowels, inducing sweats and diuresis by "fever mixtures." A little moisture, secured from bronchitis kettles or ordinary pots, seemed to help some

patients. Whiskey and strychnine came in where stimulation was necessary. Some of our younger men, particularly those whose laboratory training has been strong, administered vaccines, not only for curative purposes, but also to attendants and unstricken members of the family, prophylactically—a mixed dose—Pfeiffer, pneumo-coccus (of various strains), catarrhalis and streptococcus. Some of them were enthusiastic over this new form of treatment. Their results were rather corroborated by Major Dudley Roberts, of Columbia War Hospital, who, at the New York Academy of Medicine, reported that by the intravenous vaccine treatment of 153 cases the mortality was 8 per cent.; while in 86 cases not treated by vaccine the mortality was 35 per cent!

The influenza bacillus was found in large numbers in the naso-pharynx of those severe cases with well marked, unmistakable clinical symptoms. Post-mortem, this bacillus was found in the lungs in a number of cases, as were also the pneumococcus and streptococcus. Post-mortem—lungs were of a deep slate-blue color with marked congestion—both lungs being involved, the lower lobes showing more advanced changes than the upper. The pleura generally escaped, though splotch-like hemorrhages were found here occasionally. No fibrin was present in the blood! Trachea and bronchi showed congestion. Patches of vesicular emphysema were noted which sometimes showed signs of rupture. A diffuse paren-

chymatous degeneration of the kidneys with accumulation of desquamated cellular debris in the convoluted tubules was observed in some cases; while in others there was a damming back of bile in the liver (due to duodenal catarrh); others, dilated right heart; others, edema and congestion of the brain; and one presented an acute diffuse, purulent, pneumococcal meningitis.

Public health authorities differed somewhat in so far as closure of schools was concerned, the wearing of masks and the use of vaccines as a preventive measure. There is not a question of doubt that the wearing of masks by doctors and nurses and those attending cases was a wise provision, though many of the older and more conservative physicians, while approving, were slow to adopt this measure. Our own opinion is that the closure of schools was a wise precaution, and that the vaccines did good—though how much, it is impossible to estimate.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

VOLVULUS OF THE SIGMOID—RECOVERY

G. E. J. LANNIN, M.D.C.M., HAMILTON.

On Tuesday, July 23rd, I was called to attend the above patient and found him suffering from severe cramp-like pain in the abdomen, the pain being spasmodic, in nature severe, and recurring at intervals of five to eight minutes. The patient gives a history of indefinite stomach trouble and constipation, severe at times, lasting over the period of the past year.

He worked up to Saturday, July 20th; he had a small bowel movement forty-eight hours previously, but none whatever during this forty-eight hour interval.

Examination showed him to be a well-built man, six feet in height, weighing two hundred pounds, with a pulse of 74 to 80, of good volume and tension, regular. Temperature normal.

Examination of the abdomen revealed no tenderness and no rigidity and at that time no distension.

Examination of the rectum was negative. There was no vomiting, though the patient complained of being nauseated, and had eaten nothing for the previous twelve hours, and had taken two ounces of castor oil twelve hours previously, but this had produced no result whatever, returning clear each time. During the next six hours distension of the whole abdomen took place, but no mass was palpable. At 8 a.m., Wednesday, July 24th, under ether anæsthesia, I opened the abdomen in the median line, and found the small bowel presenting rather dark in color, but otherwise normal.

The cæcum and the whole of the colon were dark in color and distended to about four times the normal size. The sigmoid presented itself as a large mass upon the left side, very black in color, and distended to about three times the size of an ordinary stomach, while below it, the rectum though slightly distended was normal in appearance.

Examination of the base of the sigmoid showed its mesentery to be very black and twisted upon itself, being rotated one and a half times completely to the left. With some difficulty I succeeded in separating the few adhesions about its base, and rotating the sigmoid to the right, and straightening it out. But when this was done the distension was not at all relieved, evidently owing to the degree of paresis of the sigmoid which had taken place. I then had a rectal tube passed up the rectum into the sigmoid, considerable difficulty being experienced in getting the tube through, and only succeeding by helping move it in the bowel from the inside. This procedure relieved the distension of the sigmoid, but not completely the whole of the distension of the rest of the colon.

The patient experienced some shock from handling the bowel so I closed the abdomen quickly putting in two large cigarette drains, one in the pelvis, and one down to the base of the sigmoid. The patient came out of the ether and was given morphia grain, 1/8, followed by codeine gr. 1/4, for pain. He was given salines by the Murphy Drip Method through the rectal tube, taking in all about three quarts. The distension, however, persisted.

On the following day it became very severe, both pulse, and temperature rising. There was no vomiting, so fluids were given by mouth, and the salines discontinued.

He was given pituitrin in one C.C. doses per hypo, every eight hours and warm high turpentine enemas at regular intervals with castor oil and small doses of magnesium sulphate by mouth.

On Friday, July 26th, the enemas were at last effectual, bringing away large quantities of dark brown and very offensive fluid.

Saturday, July 27th, the distension had nearly all passed away and the abdomen soft and free of tenderness.

September 3rd. Patient has recovered his strength greatly and the bowels are now working normally.

The patient's condition has improved greatly and he is now on the road to recovery.

Conclusion.

This condition of the volvulus of the sigmoid, though not rare in occurrence, yet by no means is a common one.

This patient had a very long and pendulous sigmoid and it would appear that the cause of the volvulus in this case was a mechanical one, the sigmoid being so long that when loaded with fæcal matter, it accidentally became twisted to the left on its own mesentery, producing a complete obstruction.

One of the interesting points in the diagnosis of this condition was total absence of vomiting which is one of the most common symptoms of ordinary obstruction. This is to be accounted for by the fact that the ileo-cæcal valve held and as the result the distension stopped at the cæcum. No mass was palpable because the enlarged cæcum lay flat and downwards into the pelvis, while all the small bowel lay above and behind it.

X-Ray diagnosis would have revealed the condition, but owing to the severity of the patient's suffering this procedure had to be dispensed with.

MEDICINE AS PRACTISED BY THE CHINESE

CHAS. W. SERVICE, B.A., M.D., WEST CHINA.

Strictly speaking, there is no medical profession in China. Medical practice is open to all. There are no medical colleges, no curricula, no examinations, no diplomas. It is generally hereditary. Quacks and amateur doctors abound and prey on the gullibility of the Chinese.

When a man intends to become a doctor he studies the

works of the famous men of remote times. Such books are numerous, and the fact that they are ancient is one of their chief recommendations. The Chinese have no faith in original or modern discoveries, for "men's bodies are just the same as in ancient times."

Although the Chinese practitioners receive no systematic training, they have some empirical knowledge of certain remedies. They know practically nothing of surgery, or of body structure and functions. They are generally ignorant, superstitious and prejudiced. While admitting that Western surgery is superior, the Chinese have not an equally high opinion of our medical treatment, except in those diseases for which it is known that we have specific remedies. This is not all due to national prejudice. They do not all admit that structurally and physiologically they are exactly like us, hence they believe that the native doctor better understands them when ill.

Chinese conceptions of anatomy and physiology are very crude. There is no study of human anatomy. There are twelve organs, including the brain and eleven viscera. Each has a canal communicating with the others. Six carry *yang* and six cary *yin*. Life and health depend on the equilibrium of these two principles. *Yang* is the male, warm and active principle, and causes excitation. *Yin* is the female, moist and passive principle, and causes depression. These two forces spread through the whole organism by means of gases and blood. The blood circulates once every half-hour, and is set in motion by the lungs. By the interaction of gases and blood the pulse is caused. Men with small "galls" are amiable; men with large "galls" are daring and fierce.

Methods of diagnosis are interesting. Special attention is given to the pulse. The pulses of both wrists must be felt for ten or more minutes. The doctor uses three fingers, by means of which he is able to differentiate fifty-one varieties of pulse, each of which indicates some special condition. Even the stage of gestation may be diagnosed by the pulse.

At fixed hours of each day the blood moves with precise regularity into one of the body chambers, *e.g.*, into the heart at noon. Thus boxers and pugilists are especially fearful of being struck over the heart. The facies and nose indicate the

state of the lungs. Thirty-six symptoms may be diagnosed from the tongue.

Elements of nature are complicating factors in disease. These are in pairs of opposites, *e.g.,* hot and cold; dry and moist.

Drug action is thus classified: Emanating, thrusting through, invigorating, purging, puckery, slippery, dry, wet, cold, hot, warm, and expulsive. Drugs used in treatment must be of a nature opposite to the disease. Therefore great caution is required in prescribing. For instance, heating drugs and foods must not be given in "cool" diseases.

The qualities ascribed to different diets are very important. For instance, in fever, milk, chicken, eggs and meat broths are contra-indicated because they are heating, but uncooked pear (because it cools the heart and moistens and nourishes lungs and liver) is a favorite remedy. Now, the Chinese pear is of the texture of a raw potato, and never gets soft.

Cold baths are generally objected to. Weak patients often object to bathing and shaving. Hypodermics are seldom objected to, as the Chinese doctors do so much "needling." Enemas are considered very exhausting, but this fear is removed by a hypodermic, even of water. They frequently object to the "knife." In case of an abscess, etc., they want something to dissolve the pus or to hasten spontaneous opening.

Here are a few of the Chinese ideas about etiology. Anemia may be due to drinking cold water, even several years previously, or to getting soaked in a heavy rain. A cash swallowed years previously may cause pain in the stomach. Epilepsy is due to a dog biting at one's shadow. Malaria is sent by heaven as a scourge. Tetanus neonatorum is caused by demons, and this belief results in some terrible practices, such as tearing the infant's gums with needles. Dampness causes constipation and gonorrhea.

As to treatment, only a few points can be noted. Superstition, magic and astrology play some part. Charms are used. Women, especially, believe the idols will restore health or give children on payment of sums of money and performance of certain rites. Plants and herbs are much used, also dried grasshopper and shells of the cicada. Tiger bones are given in debility. Often prescriptions are given because of the resem-

blance of the drug to the organ affected, *e.g.,* the kidney bean in renal disease, and saffron in jaundice. Plasters, blisters, cupping and actual cautery are much used. Needling may be done in 388 spots of the body.

The Chinese have profound faith in doctors and a capacity for taking huge doses of disgusting concoctions. China is a signal instance of the great power of nature to keep a people tolerably well, not only without trained medical men, but in spite of the crudest treatment which ever hurried men to their graves.

OSTEOPATHS, CHIROPRACTORS, AND CHRISTIAN SCIENTISTS PROTEST AGAINST THE HODGINS RECOMMENDATIONS

Practically all the medical associations and healing agencies in the province were represented in the deputation which waited upon the Cabinet of the Ontario Government at the Parliament Buildings on December 4th, and discussed the recommendations made by Mr. Justice Hodgins in his report on the medical practice in the province.

The members of the Cabinet who were present were: Sir William Hearst, Hon. I. B. Lucas, Hon. Dr. Cody, and Hon. G. H. Ferguson.

Those representing the varions organizations were: Dr. Robert Ferguson, of London, Ont., the President of the Ontario Medical Council, and Dr. E. E. King, Chairman of the Legislative Committee, represented that organization; Dr. C. E. Clarke, the Medical Faculty of the University of Toronto; Dr. G. S. Cameron, Peterboro; Dr. R. A. Reeve, Dr. John Ferguson, the Ontario Medical Association Judge; Clifford Smith, of Boston, and I. F. Hellmuth, K.C., the Christian Scientists; R. C. H. Cassels, and Dr. R. B. Henderson, the Ontario Association of Osteopaths; S. H. Bradford, K.C., the Ontario Association of Chiropractors.

Sir William Hearst said that it was not intended that the Government should again hear all the evidence that had been presented before Mr. Justice Hodgins, but it was desired that they should express their views regarding the report that he had presented.

Hon. I. B. Lucas asked the meeting if it was willing to adopt the definition of medicine that had been laid down by the commissioner.

Dr. R. Ferguson, President of the Ontario Medical Council, said that the Medical Council was quite satisfied with the definition made by the commission, but he proposed an alternative definition which he thought was more simple.

He proposed the following definition: "The practice of medicine shall mean and include diagnosing, healing, allevi-

ating or attempting to diagnose, heal or alleviate any ailment, defect or mental condition directly or indirectly by advice, assistance or any action whatever with or without the use of drugs or any other means."

Dr. G. S. Cameron, Peterboro, President of the Ontario Medical Association, said that he agreed with the definition of the commission, but he recommended that the word "habitually" should be omitted.

"All we ask the Government to do is to place a definition of medicine on the statute books which the courts will be unable to upset, stated Dr. E. E. King, Chairman of the Legislative Committee of the College of Physicians and Surgeons. The definition of Mr. Justice Hodgins is one of negations."

A. B. Farmer said that the definition would make it illegal for a man to sell a book that gave advice regarding health. "As it stands now it would make it illegal for you or me to tell a small boy to stop smoking cigarettes." (Laughter.)

I. F. Hellmuth, K.C., said that the Christian Scientists did not claim to be medical practitioners. It was a religious organization, and all they asked was that the definition of medicine should not interfere with the tenets of their faith."

R. C. H. Cassels, representing the osteopaths, said that they desired that the definition should be wide enough to include all those who practised the art of healing in any way. "We are composed of those who are graduates of the Osteopathic College of the United States and we are not protected at present, because anyone may hang out a sign and call himself an osteopath, although he may not be an osteopath at all," he stated. "We propose that the Government should recognize those who have graduated from the colleges in the United States and should allow them to practice in Ontario. Our graduates are willing to pass in Ontario on those subjects which are common to all the branches of the art of healing."

"Medicine is the art of the science of healing," stated Dr. R. B. Henderson, of the Ontario Association of Osteopathy. "If you want to practice a drugline you should practice along that line. If you want to be a chiropractic, you should take a degree for that."

Dr. R. Ferguson: "The Medical Council believes that as

a matter of medical education, every student should be placed on the same footing. All the fundamental subjects of medicine should be taken by all. We believe that all students should take the subjects which are general to the science of medicine and surgery, and then take up the various specialties of their cults. If that is done, we have no objection. We have no desire to bar anyone out."

Sir William Hearst: "How do you differ from Mr. Cassels' stand?"

Dr. Ferguson: "We don't differ."

Mr. Cassels: "Our graduates have spent four years in the colleges of the United States, and they don't want to spend four years more."

Sir William Hearst: "We are speaking now of the future."

Mr. Henderson: "The trouble is that there is not an anatomist in the University of Toronto who can practise osteopathic anatomy. We can't get osteopathic education in the university unless you install osteopathic professors."

Hon. I. B. Lucas: "You don't think that at the present time the university is qualified to take up the study of osteopathy?"

Mr. Henderson: "There are different methods of taking up the study of anatomy."

Hon. Mr. Ferguson: "What objection would you take to the establishment of a chair of osteopathy in the university?"

Mr. Henderson: "We have no objection to such a chair provided that whoever occupies it has a proper knowledge of osteopathic anatomy and provided that the graduates in medicine do not practise osteopathy. I don't know why I should pay taxes, and thousands of patients pay taxes, and we are not allowed to have a ward in the General Hospital."

Hon. Dr. Cody: "What is the difference between osteopathic anatomy and scientific anatomy?"

Dr. Henderson: "Osteopathic anatomy is scientific anatomy." (Laughter.)

"Under the recommendation of the commission, this will put you out of business," stated Hon. I. B. Lucas to Mr. S. H. Bradford, K.C., representing the chiropractors.

"That is right," replied the latter. He claimed that the Court of Appeal had allowed the chiropractors to practice. "According to the definition of medicine, I do not think that any mother could even prescribe for her own child," he stated.

"It is not in keeping with the tradition of law that we should make it contain something that it did not contain before we took up the practice of chiropractic, and the law should not be made retroactive," he stated.

"The law should be no respecter of persons, and if the osteopaths who practised before June 30, 1913, should be allowed to continue the chiropractors should also be allowed to continue."

"The Christian Scientist does not know anything of diagnosis or the practice of medicine. Yet the commission recommends that such a person should be governed by the general law. Yet the chiropractor cannot go on. So you are discriminating in favor of one body as against another."

Mr. Bradford claimed that the chiropractors had never been sued for negligence, and that Mr. Justice Hodgins had failed to examine the merits of the cults.

T. Morris, La Crosse, Wis.: "If chiropractors are a fake, they should be stamped out. If they are not a fake the Government should enquire into their merits."

"Christian Science is not a practice of medicine," stated I. F. Hellmuth, K.C. "They believe in the practice of prayer, and not in any human means. It is a claim to the absolute belief in the efficacy of prayer, which has largely passed away."

He proposed that there should be an amendment to any legislation providing that there should be nothing in the Act that should apply to the tenets of any religion.

Militia and Naval Medical Services and Ambulance

THE CANADIAN ARMY MEDICAL CORPS

The following officers have, for various reasons, been struck off the strength: Lieut.-Cols. G. R. Philip, L. C. Harris; Majors W. A. Burgess, W. Bethune, G. W. Brown, R. Gibson, D. Stewart; Captains W. P. Walker, W. C. Arnold, H. C. L. Lindsay, J. W. Woodley, A. R. Cunningham, W. J. H. Gould, T. A. Carson, B. F. Steeves, C. G. Imrie, C. W. Anderson, Lieut. T. Stevenson.

The following officers have returned to Canada: Colonel J. T. Clarke, Majors L. J. Rhea, A. S. Langrill, S. S. Skinner, Captains C. G. Imrie, J. H. Fisher, G. B. Wiswell, D. G. Elliott, M. J. Gibson, W. S. Atkinson, C. B. Trites, W. J. Donswell, A. W. Park, J. T. Mulvey, N. J. Amyot, J. G. McCammon, C. D. Rilance, G. S. William, S. Trayner, W. A. Harvey, N. T. Beeman, T. Gaddes, A. J. B. Hebert, G. A. McPherson, H. W. Byres, K. F. Rogers, C. Howson, J. C. Calhoun, W. E. Ainley, J. J. White, Lieut.-Colonel J. F. Kidd, Major K. F. Rogers.

Promotions (overseas): To be Lieut.-Colonels: Majors G. S. Mothersill, W. A. G. Bauld, A. L. Johnson, F. H. Mackay, F. A. Young, N. V. Leslie, W. G. Turner. To be Major: C. E. Anderson, E. L. Pope, H. G. Wood, H. K. Bates, W. L. Mann, W. J. E. Mingie, J. Seager, F. E. Pettiman. To be Acting-Matron: Nursing-Sister A. G. Hogarth.

Promotions (Canada): To be Major while acting as D.A.D.M.S. (Regina): Capt. G. O. Wood.

Appointments: Major Charles McMane becomes A.D.M.S. at Quebec in place of Major G. A. Winters, who has joined the Siberian Force. Capt. A. F. Menzies has been appointed Cholera Expert for the Siberian Force. Capt. P. H. Desnoes becomes Chief Surgeon at the Fredericton Military Hospital.

Major H. V. Coates, C.A.M.C., will cease to be attached to the Vancouver Military Hospital for duty and will perform the duties of Sanitation Officer for the Vancouver Military area.

Capt. Frank S. Park is posted for duty as adjutant at the Military School of Orthopedic Surgery and Physiotherapy at Hart House, Toronto, in place of Major T. L. Butters, C.A.M.C., who is now at headquarters.

Major F. N. G. Starr is at No. 14 Stationary Hospital, France; Capts. Ecclestone and Herb. MacDonald are at No. 55 General Hospital, France. Capt. Martin, of Montreal, has been attached to No. 3 McGill Hospital, France, with Capt. Sparks at No. 2 Canadian General Hospital.

Colonel Champe C. McCulloch, Jr., M.C., U.S.A., Executive Officer of the Board for collecting and preparing material for a Medical and Surgical History of American Participation in the European War, has arrived in France, to establish his administration for this purpose. During his absence Lieutenant-Colonel Casey A. Wood, M.C., U.S.A., will be in charge of this work in the Surgeon-General's Office.

Capt. (Dr.) F. A. Atkinson, C.A.M.C., has been awarded the Military Cross. Dr. Atkinson went overseas as M.O. with the 202nd (Edmonton) Battalion in November, 1916. He was sent to France with the 11th Field Ambulance, later being transferred to the 44th Battalion. He graduated in Medicine at the University of Toronto in 1909, and practised in Alberta previous to his enlistment.

Major (Dr.) M. M. Crawford, who is well known to Toronto's sporting and medical fraternities, was honored a few weeks ago by his friends in Toronto, who presented him with

a cabinet of silver on the occasion of his wedding. Major Crawford was for some time on the staff of the Ontario Base Hospital at Orpington. He returned to Toronto some months ago and was detailed for duty at Ottawa. He was recently appointed to the post of Recorder at the new St. Andrew's Military Hospital.

The Jordan Memorial Hospital, New Brunswick, has passed into the hands of the Invalided Soldiers' Aid Commission. The federal authorities decided that it would be best to take over the institution, and have taken a five year lease of the hospital with the privilege of renewing if they so desire. In the agreement it is stipulated that the civil patients placed there by the province shall be looked after by the Invalided Soldiers' Commission at a maximum charge of $15 per week. It is probable that at the conclusion of the war the hospital will pass under entirely federal control. The Jordan Memorial Sanitarium was presented to the province by Mrs. J. Clarke Jordan who, in a letter of recent date, states she is quite willing the soldiers should have the institution.

Major (Dr.) Harley Smith was, up till a few weeks ago, attached to No. 14 General Hospital in France. He passed successfully his gas mask and "physical jerks" tests on Oct. 5th, crossed the Channel on Oct. 6th, and was posted at No. 14 General Hosptal on Oct. 7th. Major Smith was in charge of the Officers' Ward, Medical and Surgical, having amongst his patients a number of Imperial, Canadian and French officers. The location of No. 14 Hospital is a very fine one on the coast, occupying a large Hotel, Casino and Huts. The O.C. of No. 14 is Col. R. Thompson, with Major Thursfield, of Barts, as Chief in Medicine, and Major C. Mackenzie, of Cambridge, as Chief in Surgery. Some of the others on the staff are Jefferson, Master of Surgery, of London; Dobbin, Professor of Gynecology, in Cairo; Peters, Pathological Superintendent, of Bristol Isolation; with Ridley Mackenzie, of McGill, now of Bournemouth, the only other Canadian.

Sir Alfred Yarrow, Bart., in 1916 offered his magnificent estate at Broadstairs, in Kent, to the Canadian Military Department for the accommodation of their convalescents. With the return of the property to Sir Alfred last spring, after it became undesirable to keep the men there on account of the frequency of enemy air attacks on that coast, the following acknowledgment was sent by the Minister of Overseas Military Forces of Canada:

"On behalf of the Canadian Government and the soldiers of the Overseas Military Forces of Canada, I desire to take this opportunity of thanking you most heartily for your generous action in placing your beautiful home at the disposal of the Canadian Medical Services. . . Under the name of the Yarrow Canadian Convalescent Hospital it gave accommodation to hundreds of wounded Canadians for well over a year. . . . They will take back with them a memory of kind hospitality in this country which should go far to maintain the good feeling which is so desirable between the Mother Country and the Dominions."

PERSONALS

Dr. Arnold A. Halliday, who recently returned from overseas, has opened an office at 143 College Street, Toronto and will confine his practice to diseases of the Ear, Nose and Throat.

Dr. J. R. Shannon has been elected surgeon-in-chief of the Manhattan Eye and Ear Hospital, New York. He was formerly of Kingston, Ontario.

Dr. Samuel G. Tracy recently assumed charge of the Physic-Therapeutic Department of Hotel Chamberlain, Fortress Monroe, Va. Dr. Tracy practised in New York for over twenty years and was formerly connected with the Electro-Therapeutic Department of the New York Post-Graduate Medical School College. Dr. Tracy had studied the Nauheim Method at Nauheim, Germany, after which he became Medical Director of the New York Artificial Nauheim Baths. Dr. Tracy has for many years made a specialty of nervous diseases.

Obituary

Dr. R. S. Brewster, of Beeton, was instantly killed on November 26th when his car turned over, pinning him to the ground. The doctor was making his round of professional calls when the accident happened. He was released in a few minutes, but life was extinct.

Dr. Brewster had practised in Beeton for fifteen years. He is survived by his widow and one daughter, eight years old. Dr. Brewster, of Owen Sound, is a brother.

Surgeon Sub-Lieut. J. D. Gear, a student in medicine at the University of Toronto, died suddenly on November 10th in the Third General Hospital, London, England. He was a son of Dr. and Mrs. Gear, of Erin, Ont. and had just completed his third year in medicine at the University of Toronto, when he went overseas as a surgeon probationer on a destroyer in the North Sea. He had just been promoted to Surgeon Sub-Lieut., and was returning from his first leave when he was stricken with the illness, from which he died.

Dr. E. K. Henderson, 34 Brunswick Avenue, one of Toronto's best-known young practitioners, died at Haliburton, Ont., on November 7th as a result of pneumonia. The death of Dr. Henderson is particularly sad on account of the recent death of his brother, Dr. James Henderson, who served under the colors in both Flanders and Mesopotamia. Dr. E. K. Henderson was an eye, ear, nose and throat specialist, a graduate of the University of Toronto, and for a time House Surgeon at the old Toronto General Hospital as assistant to Dr. Gibb Wishart.

Dr. A. Orr Hastings, one of Toronto's most highly respected and beloved physicians, a brother of Dr. Charles J. C. O. Hastings, M.O.H., died at his home, 594 Sherbourne Street, on November 21st. The late Dr. Hastings had practically retired from practice when he lost his wife a little over a year ago. He had been ill for the past year and his death had been expected for several months. He was an early graduate of the University of Toronto and finished his Medical course in Europe. He was a post-graduate of London and Dublin Universities, returning to Toronto in 1886. He was sixty-four years of age and leaves no family.

Dr. John Mackay, a retired physician and a former member of the Ontario Legislature, passed away at his home at St. Catharines, Ont., on Saturday afternoon, November 30th, after an illness of about six months. John Mackay was born in the township of South Finch, in Eastern Ontario, seventy-seven years ago. He attended Upper Canada College at Toronto and graduated later in McGill University. He opened a practice in Woodville Ont., nearly half a century ago, later taking a post-graduate course at Edinburgh, Scotland, receiving the degree of L.R.C.P. and S.

He was a life-long Liberal and was twice elected to the Legislature for North Victoria in 1890 and 1894, being defeated in 1898 by S. J. Foss. In 1892 he was prevailed upon to enter the Federal arena and unsuccessfully opposed Sir Sam (now Major-General) Hughes, afterwards retiring from public life. Five years ago he came from Woodville to this city, and last year occupied a seat on the local Board of Health.

The death at Toronto of Dr. Phillip Howard Spohn, late of Penetang, on November 14th marks the passing of one of Ontario's oldest practitioners. He was born in Ancaster, Ont., and spent his early life in that vicinity.

On graduating from the old Toronto School of Medicine he started his life work in Penetang and remained there in

active practice for 45 years. A year and a half ago he and his wife moved to Toronto to live with their daughter, Mrs. Julian Sale, Jr.

During his life Dr. Spohn was intimately associated with the public affairs of his town and country. He was the first reeve of Penetang, and in 1891 was elected a Liberal member in the Dominion Parliament for the riding of East Simcoe. For twenty-five years he was surgeon in the old reformatory for boys, and was the first superintendent of the Hospital for Insane, Penetang. Dr. Spohn came from U.E. Loyalist stock. He is survived by a wife and six children. The funeral took place from his former residence, Penetang.

Many friends were deeply grieved on November 13th when a cable was received from India bearing news of the death from pneumonia, following influenza, of Dr. Susan Fotheringham. Miss Fotheringham's death occurred on November 11th, at the Women's Medical College, Ludhiana, where she has been professor of obstetrics.

Just a year ago a group of those who knew her best met to wish her Godspeed in the work for which she was so particularly gifted, and a letter received a few days ago from the Principal of the college proves that her experience and training had fitted her for a career of usefulness in India:

"We feel specially fortunate in the new member of our staff. Dr. Fotheringham is fitting into the life and work quickly, and the women and children are already devoted to her."

This woman physician, so greatly beloved, graduated from University of Toronto in 1911, and took post-graduate courses in Philadelphia, London and Vienna. In addition to her profession she was a keen student of child life, and spent much time in nature study. She was also widely known for her work with girls' clubs, and was a Government lecturer to the Women's Institutes of Ontario. Before going to India the late Miss Fotheringham, who is a daughter of the late Inspector David Fotheringham practised medicine in Toronto.

The Physician's Library

Surgery of the Spine and Spinal Cord. By Charles H. Frazier, M.D., Sc.D., Professor of Clinical Surgery and Surgeon to Hospital of University of Pennsylvania, Philadelphia. With the collaboration of Alfred Reginald Allen, M.D., Associate in Neurology and Neuropathology, University of Pennsylvania, Philadelphia. With six colored plates, two charts and three hundred and seventy-eight illustrations in text. New York and London: D. Appleton & Co.; 1918.

This comprehensive monograph fills a long-felt want for a well-considered book on the subject. The introductory chapters on the Anatomy, the Normal and Pathological Physiology of the Spinal Cord, and the Cerebro-spinal Fluid, are written by George Piersol, Alfred Reginald Allen and John A. Kolmer, respectively. They are carefully compiled and well illustrated. The chapter on X-ray examination of the spine is by Henry R. Pancoast. The X-ray reproductions are excellent and many uncommon conditions are depicted. The writer might perhaps have laid more stress on the value of stereoscopic plates of the spine. In this portion of the book effort is made to centralize on the essentials necessary to an understanding of the spine and spinal cord, and, it may be added, with a praiseworthy degree of success.

Professor Frazier deals very completely with spina bifida in all its varieties and adopts a very thoughtful attitude in considering the question of operation on the different types. This chapter is illustrated with excellent cuts and diagrams. Traumatic conditions of the spine and cord are discussed in detail, and profuse references made to current medical literature. Recent war literature on gunshot injuries of the spine is re-

ferred to, though no note made on the practise of immediate suprapubic cystostomy in transverse cord lesions as a measure to obviate catheterization and prevent cystitis, a procedure adopted by many surgeons at the Front as a routine measure. The possibility of recovery after complete transverse cord lesions is presented only to be dismissed, a view entirely in harmony with the findings in the present war. In dealing with fractures of the spine much detail is given, but it is to be regretted that lack of space does not allow of more reference to the methods of mechanical spinal support. In considering the surgery of the spinal roots the Förster operation is given a certain prominence not usually accorded it in other works. The indications for this procedure have been almost wholly confined to spastic diplegias of disabling type. Even this narrowed field does not meet with the general approval of the orthopedists; in fact, the procedure has practically been abandoned in cases of orthopedic interest.

Lumbar puncture, spinal anesthesia and intraspinal medication have been carefully and fully dealt with and the procedures and technique in each brought up to date. The author has drawn very freely upon current literature and discusses the contributions of a large number of workers in the surgery of this region.

The book is a valuable contribution, affording the benefit of the author's wide personal experience in his subjects and should find a place in the library of the progressive surgeon.

Diseases of the Male Urethra. By Irvin S. Koll, M.D., Professor of Genito-Urinary Diseases, Post-Graduate Medical School and Hospital, Chicago. Octavo of 151 pages, with 123 illustrations, several in colors. Philadelphia and London: W. B. Saunders Company, 1918. Cloth, 14s. net. The J. F. Hartz Co., Ltd., Toronto, sole Canadian agents.

At a time when so much has been written—good, bad and indifferent—in the public press and elsewhere, from not only those who think that they know something about venereal diseases, but also by those who do not know anything about it, any

book that deals with diseases of the male urethra should attract attention.

The early detection and practical treatment of diseases of the male urethra are matters of the greatest consequence, and this writer succeeds in dealing with this subject in a concise, clear and expressive manner, detailing his opinions and methods in a way that anyone can understand.

The book is very nicely got up, of convenient size, with illustrations largely taken from the original by the writer. There is one chapter on what may be quite new to many readers; it is upon "The Verumontanum." The whole subject is treated in a matter of fact way that makes it very easy reading, and the book, as a whole, is one that should be in the library of every man who is interested in this subject.

"*Surgical Treatment.*" A practical treatise on the therapy of Surgical Diseases for the use of Practitioners and Students of Surgery by James Peter Warbasse, M.D., Fellow of the American College of Surgeons; American Medical Association; American Academy of Medicine; New York Academy of Medicine; etc. In three volumes, with 2,400 illustrations. Vol. I. Philadelphia and London: W. B. Saunders Co. 1918. Canadian Agents, The J. F. Hartz Co., Limited, Toronto.

Dr. Warbasse is one of the latest contributors to surgical literature and after a somewhat cursory perusal of Vol. I of his work, Surgical Treatment, we feel that, in thus presenting the profession with the result of his many years of labor, he is to be congratulated. The book is divided into three volumes, containing almost 2,500 illustrations. Volume One shows throughout a desire on the part of the author, to be practical, without having to be too lengthy. This is exceedingly desirable, the busy surgeon not having the time at his disposal to wade through a work on surgery that, for instance, goes into too much anatomy. We notice also that Dr. Warbasse frequently presents alternative treatments, and lays stress on the fact that the patient's interest should and must come first.

In Vol. One, the author takes up the General Principles of Surgical Treatment, Asepsis, Surgical Materials, Anesthesia, Wounds and Operations, Inflammations, Surgical Fever, Fistulas, Blood and Blood Vessels, Diseases of Bones, Fractures and Dislocations, Diseases of and Operations on Joints, Muscles, Skin and Nerves.

A Text-Book of Obstetrics. By Barton Cooke Hirst, A.B., M.D., LL.D., F.A.S.C., Professor of Obstetrics in the University of Pennsylvania; Gynecologist to the Howard, the Orthopedic, and the Philadelphia General Hospital. Eighth edition, revised and re-set, with 715 illustrations, 38 of them in colors. W. B. Saunders Company, Philadelphia and London, 1918.

For any standard text-book which has reached its eighth edition, there should be very little necessary in the way of review. In the present volume, an effort has been made to condense the text as much as possible, omitting material considered unessential to the medical student or practitioner. The progress in this branch of medicine since the last edition has been reviewed, and what seemed of permanent value to the author is noted.

On the whole, perhaps, the subject has been presented fairly. There are, however, a number of chapters in which the author's statements differ materially from the more modern and generally accepted views—notably that dealing with sepsis. The use of the pelvimeter, toxemia, the induction of labor, are subjects about which the student should have a thorough working knowledge, and are of much more importance to him than certain pages of historical matter on forceps. There is still a considerable amount of padding in the book, and some parts, particularly the chapter on the New-Born Infant, could be omitted without detracting in any way from the value of the book.

The chief fault is that there is too much evidence of one man's opinions and experiences. Otherwise it is a fairly safe and sane exposition of the Art of Obstetrics. It is well bound, well illustrated and well printed.

THERAPEUTIC EFFECTS OF COLLOIDAL PREPARATIONS*

BY SIR MALCOLM MORRIS, K.C.V.O.

The invitation from the Editor of the *British Medical Journal* to relate my experience of the therapeutic effects of drugs in the Colloidal state is one to which I willingly respond. For more than a year I have been employing the Collosol preparations of the Crookes' Laboratories, and have had results which leave me in no doubt as to their superiority—I must say, with every desire to avoid the appearance of exaggeration, their great superiority—to the same drugs in the non-colloidal form. They are results which make it an obvious duty to suggest that trial on a large scale ought to be given to a form of medication which promises to effect a pharmacological revolution.

In cutaneous affections, as every dermatologist knows, the drawbacks to the use of argentum are the pain which it causes and the discoloration which it leaves behind. With Collosol Silver these effects are entirely absent; instead of producing irritation, indeed, it has a distinctly soothing effect. It rapidly subdues inflammation and promotes the healing of lesions. I have had remarkable results in enlarged prostate with irritation of the bladder, in pruritus ani and perineal eczema, and in hemorrhoids. It can be used in the form of suppositories while a solution is applied to the irritated skin. In bromidrosis in the axille and feet it quickly gives relief. It also causes a rapid disappearance of warts. Being non-toxic, it can be given internally in urticaria and other forms of dermatitis which are suggestive of toxemia. In such cases it is quickly beneficial, as it is also in diarrhea.

Of Collosol Iodine, which, like Collosol Silver, is non-irritating and produces no stain, I have proved the efficacy in certain forms of eczema, and in some of those cases of bad chilblains which have been so numerous this winter. In a severe case of chilblains in the first stage, that of a woman of 37, whose fingers were so swollen that they looked like sausages, under the application of Collosol Iodine oil rubbed in four or five times a day every trace of the condition disappeared in four days. Equally valuable is this Collosol in severe cases of trench

*Reprinted from the "British Medical Journal," May 12th, 1917.

feet with ulceration, in which it is also an excellent prophylactic. It is most useful, too, in the many cases of Charcot's bedsores which are so troublesome a complication of spinal injuries in military hospitals. In the earlier inflammatory stages of lupus erythematosus, before atrophy has supervened, it is far more suitable than the ordinary form of the drug because of the absence of irritation. Similarly, it is to be preferred for internal administration in the later stage of syphilis, because the practitioner may dismiss from his mind all fear of evoking symptoms of iodism. Parasitic affections, again show a striking amenability to this remedy. In a case of dhobie's itch, in which the diseases had spread from the groin and invaded the trunk, legs and arms, under the quite painless application of Collosol Iodine oil the extensive lesions all cleared up in three weeks: with ordinary remedies the case would undoubtedly have been more protracted, and the treatment would inevitably have put the patient to a good deal of pain.

Among the affections in which Collosol Sulphur is beneficial are various forms of acne, including acne rosacea, and seborrhea. For the relief of generalized dermatitis, in acute psoriasis, and in painful fibrositis, whether of connective tissue, of muscle or of joints, baths medicated with this Collosol are in my experience at once soothing and quickly curative. In the case of an officer from the front, who was crippled with fibrositis and had severe eczema, a daily Collosol Sulphur bath relieved him of all his symptoms in a week.

These are not the only collosols with which I have had gratifying results, but on this occasion I need not go further into details. I have said enough, I hope, to show that these preparations, to put the case at its lowest, mark a very considerable advance in therapeutics. They act with singular rapidity, they are free of disadvantages inseparable from the same drugs in the ordinary state, and their extensive use would effect an enormous economy in drug consumption—a not unimportant consideration at a time when there is not enough of many medicinal substances to go round.

They have been placed on the market by the Crookes' Laboratories of London, whose agents in this country are The Anglo-French Drug Co., Limited, Dandurand Bldg., Montreal, from whom they can be obtained.

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Editorials

DECORATIONS AWARDED TO OFFICERS OF THE CANADIAN ARMY MEDICAL CORPS DURING THE WAR

It is with pride that we append the list of the officers of the Canadian Army Medical Corps, who have, to date* of writing, been " decorated " by His Majesty. As we have very frequently stated during the past four years in the columns of The Journal, the Canadian Profession have more than reason to feel proud of their confreres who have so nobly and so well " done their bit " in the great war. All honor to such men who have, through their deeds of valor and self-sacrifice, won imperishable glory for themselves and emblazoned the name of " Canada " on the roll of history. Soldiers indeed—their great war work to make alive again the broken men.

*January 4, 1919.

Victoria Cross.—Captain F. A. C. Scrimger.

Companion of the Bath.—Lieut.-Col. (Temp. Col.) G. L. Foster, P.A.M.C.; Colonel H. S. Birkett, Colonel J. A. Roberts, Colonel A. E. Ross, Colonel A. Primrose.

Companion of St. Michael and St. George.—Colonel A. E. Ross, Lieut.-Colonel F. S. L. Ford, Surgeon-General G. C. Jones, P.A.M.C.; Lieut.-Colonel F. Etherington, Lieut.-Colonel S. H. McKee, M.C.; Major E. G. Davis, Lieut.-Colonel E. C. Hart, P.A.M.C.; Major-General J. T. Fotheringham, Colonel C. A. Hodgetts, Colonel D. W. McPherson, Colonel W. A. Scott, Colonel W. L. Watt, Major (acting Lt.-Col.) J. A. Amyot, Colonel A. E. Snell, P.A.M.C.; Colonel G. E. Armstrong, Honorary Lt.-Col. G. W. Badgerow.

Order of the British Empire (Officers).—Lieut.-Colonel F. H. Mewburn.

Order of the British Empire (Member).—Capt. W. H. Fox, Capt. R. Kirkpatrick.

Knight Bachelor.—Major A. Macphail.

Distinguished Service Order.—Major P. Burnett, Major (acting Lieut.-Col.) A. T. Bazin, Major (acting Lieut.-Col.) P. G. Bell, Lieut.-Colonel G. J. Boyce, Colonel H. A. Chisholm, P.A.M.C.; Lieut.-Colonel J. E. Davey, Lieut.-Colonel C. H. Dickson, Lieut.-Colonel A. S. Donaldson, Major (acting Lieut.-Colonel) J. J. Fraser, Major R. M. Gorrsline, P.A.M.C.; Major G. H. R. Gibson; Lieut.-Colonel A. L. C. Gilday, Lieut.-Colonel J. N. Gunn, Lieut.-Colonel E. B. Hardy, Lieut.-Colonel W. B. Hendry, Lieut.-Colonel H. M. Jacques, P.A.M.C.; Major J. S. Jenkins, Lieut.-Colonel D. P. Kappele, Major G. S. Mothersill, Lieut.-Colonel T. J. F. Murphy, P.A.M.C.; Capt. T. H. McKillip, Lieut.-Colonel C. F. McGuffin, Lieut.-Colonel J. D. McQueen, Capt. S. A. Smith, Temp. Colonel A. E. Snell, P.A.M.C.; Lieut.-Colonel C. P. Templeton, Lieut.-Colonel W. Webster, Lieut.-Colonel R. P. Wright, Lieut.-Colonel E. J. Williams, Temp. Capt. H. G. Young.

Military Cross.—Capt. H. H. Argue, Capt. A. C. Armstrong, Capt. J. E. Affleck, Capt. H. C. Allison, Capt. W. F.

Abbott, Capt. W. Brown, Capt. (acting Major) H. Buck, Capt. T. H. Bell, Capt. J. A. Cullum, Capt. H. E. Cumming, Capt. K. E. Cooke, Capt. A. B. Chapman, Capt. W. G. Cosbie, Capt. W. Creighton, Capt. J. P. S. Cathcart, Temp. Capt. D. St. C. Creighton, Capt. A. A. Drinnan, Capt. F. F. Dunham, Capt. H. C. Davis, Capt. E. Douglas, Capt. (acting Major) W. T. Ewing, Capt. C. P. Fenwick, Capt. G. M. Foster, Capt. G. G. Greer, Capt. R. J. Gardiner, Capt. A. K. Haywood, Capt. W. M. Hart, Capt. R. H. M. Hardisty, Capt. H. Hart, Capt. W. Hale (junior), Capt. R. T. W. Harold, Capt. A. D. Irvine, Capt. C. W. Johnston, Capt. H. B. Jeffs, Capt. A. C. C. Johnston, Capt. E. S. Jeffrey, Major A. L. Jones, Capt. A. M. C. Jepson, Capt. J. E. Kidd, Capt. R. W. Kenny, Capt. C. Kerr, Capt. F. W. Lees, Capt. R. M. Luton, Capt. V. H. K. Moorehouse, Lieut. H. P. MacGregor, Capt. (Temp. Major) R. H. MacDonald, Capt. H. R. Mustard, Capt. G. A. Macpherson, Lieut. A. F. Menzies, Capt. J. F. S. Marshall, Capt. T. W. Moore, Capt. J. G. MacNeill, Capt. W. J. McAllister, Capt. J. B. McGregor, Capt. H. W. McGill, Capt. J. E. McAskill, Capt. A. McCausland, Capt. E. A. McCusker, Capt. W. F. Nicholson, Capt. T. F. O'Hagan, Capt. (acting Major) P. Poisson, Temp. Lieut. F. G. Pedley, Capt. A. A. Parker, Capt. H. F. Preston, Capt. A. S. Porter, Capt. A. Ross, Capt. S. G. Ross, Lieut. (Temp. Capt.) C. G. Sutherland, Capt. A. H. C. Smith, Capt. W. H. Scott, Capt. W. H. Scott, Capt. W. H. Secord, Capt. W. E. Sinclair, Capt. G. W. Treleaven, Capt. F. J. Tees, Capt. A. H. Taylor, Capt. W. G. Turner, Capt. D. G. K. Turnbull, Capt. H. W. Wadge, Capt. W. L. Whittemore, Temp. Capt. D. A. Warren, Capt. J. W. Woodley, Capt. H. W. Whytock, Capt. E. C. Whitehouse.

Bar to Military Cross.—Capt. J. A. Cullum, Capt. F. W. Lees.

Mentioned in Despatches.—Major J. A. Amyot, Lieut. (acting Capt.) A. A. Anderson, Capt. F. C. Bell, Colonel J. W. Bridges, P.A.M.C.; Major A. T. Bazin, Capt. T. H. Bell, Capt. H. Buck, Colonel H. S. Birkett, Major P. Burnett, Capt. N. J. Barton, Major (acting Lieut.-Col.) P. G. Bell, Capt. (Temp. Major) H. A. Chisholm, Lieut.-Colonel K. Cameron, Lieut.-Colonel R. P. Campbell, Capt. J. A. Crozier, Capt.

W. A. Clarke, Capt. J. E. Campbell, Capt. L. E. Clarke, Major D. J. Cochrane, Major J. L. Duval, Capt. A. S. Donaldson, Lieut.-Colonel E. G. Davis, Lieut.-Colonel H. R. Duff, P.A.M.C. (deceased); Major C. H. Dickson, D.S.O.; Lieut.-Colonel J. E. Davey, Lieut.-Colonel F. Etherington, C.M.G.; Capt. A. W. M. Ellis, Lieut.-Colonel (Temp. Col.) G. LaF. Foster, C.B., P.A.M.C.; Lieut.-Colonel F. S. L. Ford, C.M.G.; Capt. J. J. Fraser, D.S.O.; Major-General J. T. Fotheringham, C.M.G. (twice); Capt. G. H. R. Gibson, Major R. M. Gorrsline, D.S.O.; Capt. (acting Major) D. A. L. Graham, Lieut.-Colonel J. A. Gunn, Major E. B. Hardy, D.S.O.; Lieut. A. K. Haywood, M.C.; Lieut. W. M. Hart, M.C.; Capt. G. C. Hale, Lieut.-Colonel W. B. Hendry, D.S.O.; Lieut.-Colonel E. C. Hart, C.M.G., D.S.O., P.A.M.C.; Lieut. R. Henderson, Major L. C. Harris, Capt. R. H. M. Hardisty, M.C.; Capt. H. Hart, M.C.; Capt. H. B. Jeffs, M.C.; Capt. J. S. Jenkins, D.S.O.; Lieut.-Colonel H. M. Jacques, D.S.O., P.A.M.C.; Capt. J. G. W. Johnson, Capt. G. E. Kidd, M.C.; Capt. C. Kerr, D.S.O.; Lieut. (Temp. Capt.) A. F. Laird, Capt. W. G. Lyall, Major W. T. M. MacKinnon, Capt. R. H. MacDonald, Major C. H. Morris, Major G. S. Mothersill, D.S.O.; Capt. H. R. Mustard, M.C.; Capt. R. St. J. Macdonald, Capt. W. J. E. Mingie, Lieut.-Colonel T. J. F. Murphy, D.S.O., P.A.M.C.; Colonel D. W. McPherson, C.M.G.; Capt. R. H. McGibbon, Capt. T. H. McKillip, D.S.O.; Lieut.-Colonel J. D. McQueen, D.S.O.; Lieut. D. McGugan, Colonel M. McLaren, Lieut.-Colonel S. H. McKee, C.M.G., M.C.; Capt. A. McCausland, M.C.; Capt. R. R. McClenahan, Lieut.-Colonel C. F. McGuffin, D.S.O.; Lieut.-Colonel G. R. Philp, Major H. C. Parsons, Major S. Paulin, Lieut.-Colonel A. E. Ross, C.M.G.; Major A. C. Rankin, Colonel J. A. Roberts, Capt. D. E. Robertson, Capt. S. G. Ross, M.C.; Capt. (acting Major) A. B. Ritchie, Lieut.-Colonel A. T. Shillington, Capt. E. L. Stone, Colonel A. E. Snell, C.M.G., D.S.O., P.A.M.C.; Capt. A. B. Schinbein, Lieut.-Colonel C. P. Templeton, Q.-M. and Hon. Capt. J. E. Tulloch, Lieut.-Colonel E. J. Williams, Major F. Walsh, Lieut.-Colonel R. P. Wright, D.S.O.; Lieut.-Colonel F. W. E. Wilson, Major C. A. Young, Temp. Capt. H. G. Young, D.S.O.

FOREIGN DECORATIONS.

France.

Croix de Commandeur.—Lieut.-Colonel E. A. LeBel; P.A.M.C.; Major-General E. Fiset, D.S.O.

Croix de Officier.—Major-General G. LaF. Foster, C.B., P.A.M.C.

Croix de Chevalier.—Lieut.-Colonel A. Mignault, Colonel G. E. Beauchamp.

Croix de Guerre.—Capt. A. C. Armstrong, Major W. H. K. Anderson.

Belgium.

Croix de Guerre.—Colonel A. E. Ross, C.B.

Serbia.

Order of Saint Sava, "5th Class."—Capt. H. J. Shields.

Italy.

Silver Medal for Military Valor.—Capt. H. H. Burnham.

Canadian Journal of Medicine and Surgery

Editors

Surgery:

N. A. POWELL, M.D., C.M., Professor of Medical Jurisprudence, Medical Department, University of Toronto; Senior Assistant Surgeon in charge, Shield's Emergency Hospital.

Clinical Surgery:

ALEX. PRIMROSE, M.B., C.M., Edinburgh University; Associate Professor of Clinical Surgery, Toronto University; Secretary Medical Faculty, Toronto University; Surgeon Toronto General Hospital; and HERBERT A. BRUCE, M.D., F.R.C.S., Eng., Surgeon, Toronto General Hospital.

Orthopedic Surgery:

W. E. GALLIE, M.D., Associate Surgeon, Hospital for Sick Children, Toronto; CLARENCE L. STARR, M.B., Associate Professor of Clinical Surgery, University of Toronto; Surgeon-in-Chief of the Hospital for Sick Children, Toronto; Consulting Surgeon to Toronto General Hospital; H. P. H. GALLOWAY, M.D., Orthopedic Surgeon, Winnipeg General Hospital; Lecturer in Orthopedic Surgery, Manitoba Medical College; Member of The American Orthopedic Association.

Militia and Naval Medical Services and Ambulance:

J. T. FOTHERINGHAM, M.D.; C.M.G.; Colonel, Army Medical Corps, Associate Professor of Medicine and Clinical Medicine, University of Toronto; Associate Collaborator, CHAS. J. COPP, M.D., C.M., Hon. Sec. Provincial Council of Ontario, St. John Ambulance Association.

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Pediatrics:

ALLEN BAINES, M.D., Toronto; Associate Professor Pediatrics, University of Toronto; Physician, Hospital for Sick Children; HELEN MACMURCHY, M.D., Toronto.

Medicine:

W. J. WILSON, M.D., Toronto, Physician, Toronto Western Hospital; J. H. ELLIOTT, M.D., Associate Medicine and Clinical Medicine, University of Toronto; W. H. PEPLER, M.D., Junior Medical Assistant, St. Michael's Hospital; and A. J. HARRINGTON, M. D., M.R.C.S., Eng., Toronto.

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ALEXANDER MCPHEDRAN, M.D., Professor of Medicine and Clinical Medicine, Toronto University; Physician, Toronto General Hospital; LEWELLYS F. BARKER, M.D., Professor of Medicine, Johns Hopkins University, Baltimore, Md. H. B. ANDERSON, M.D., Toronto; Associate Professor of Clinical Medicine, University of Toronto.

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N. H. BEEMER, M.D., Mimico Insane Asylum; CAMPBELL MEYERS, M.D., M.R.C.S., L.R.C.P. (London, Eng.), Private Hospital, Deer Park, Toronto.

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B. A. WATSON, M.D., Edin., F.R.C.S., Edin., Professor of Gynecology and Obstetrics, University of Toronto; Gynecologist and Obstetrician, Toronto General Hospital; GEO T. MCKEOUGH, M.D., M.R.C.S., Eng., Chatham, Ont.; C. F. MOORE, M.D., Toronto; and A. C. HENDRICK, M.A., M.B., F.R.C.S. Edin., Demonstrator in Gynecology, University of Toronto; Assistant Gynecologist, Toronto General Hospital.

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J. J. MACKENZIE, B.A., M.B., Professor of Pathology and Bacteriology, University of Toronto; H. K. DETWEILER, M.B., Assistant Pathological Dept., University of Toronto.

Ophthalmology:

J. M. MACCALLUM, M.D., Toronto, Senior Assistant Eye Department, Toronto General Hospital; Oculist and Aurist Victoria Hospital for Sick Children, Toronto. Walter W. Wright, M.B., Assistant in Ophthalmology, Toronto General Hospital and Hospital for Sick Children.

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PERRY G. GOLDSMITH, M.D., 84 Carlton St., Toronto, Laryngologist and Aurist, Provincial Institution for the Deaf and Dumb; Senior Assistant Ear, Nose and Throat Department, Toronto General Hospital.

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

ONE OF CHINA'S GREAT PROBLEMS

Chas. W. Service, B.A., M.D., Chengtu, West China.

The backwardness of the Chinese in all questions relating to the study of modern scientific methods is deplorable. This is especially true of medical science. But as the result of nearly a century of medical work carried on by western medical practitioners, China is now accepting western civilization in its many phases. But probably nowhere has this change effected such a revolution in ideas and customs as in the medical field. The stage of pioneering has largely passed and gradually an atmosphere of receptiveness has been created. This change of mind in China has naturally wrought a change in the scope of the medical work done by the western practitioners. During this period the conditions in which medical work had to be done were discouraging. Yet very much has been done in the medical and surgical treatment of millions of patients. Much has also been done in the way of medical research. But to treat all the sick and wounded of China under present conditions is obviously an impossible task. No foreign agencies can do more than touch the fringe of the problem. Two hundred thousand doctors are needed in China, of whom there are less than 2,000 at the present time. With medical science much more exact and exacting than formerly, the number of cases under one doctor must be greatly reduced. How meet the problem of the ever-increasing number of patients? This can only be met in one of two ways, either by sending many more foreign doctors or by training thousands of Chinese youths in the science of

western medicine. A certain increase in the number of foreign doctors in China will be necessary for years to come, chiefly for the purpose of training Chinese leaders who will be able to commence the solution of China's great physical problem.

The above is also true of the dental situation in China. China has had multitudes of native practitioners who have attempted to do something to relieve the ills of her people. But who ever heard of a native dentist? Moreover, to meet the oral needs of 400,000,000 of Chinese the number of qualified dentists from abroad is almost negligible.

Then there is the formidable problem of public health. China can make little substantial progress until she begins to solve this fundamental problem. Insanitary China needs a revolution of ideas, customs and life. Ignorance, prejudice and superstition have to be removed, and for this purpose outside help is absolutely essential.

So important is the medical situation and so great is the opportunity for medical education in China that the Rockefeller Foundation has established a China Medical Board, with a resident director, in Peking. Its purpose is to assist in the promotion of scientific medicine, to train a truly Chinese medical profession, and especially to prepare medical leaders. It proposes to spare no expense in the establishment of two medical colleges in China, one in Peking and one in Shanghai, in which the teaching will be done in English. In this enterprise it desires to co-operate with already established medical work, and indeed to build on the foundations of medical education built by medical missionaries. Indeed, they have recently entered this field of medical education by taking over the Union Medical College in Peking, an institution which had been successfully carried on for some years by several missionary organizations. The beginning of their other proposed medical college scheme, in Shanghai, has been postponed on account of the war.

Obviously, the development of these two great Rockefeller Foundation teaching centres in China, while helping to meet the urgent medical needs of China, cannot do all that is required. The opinion unanimously prevails among the 450 members of the China Medical Missionary Association that there must also be a few high-grade medical colleges in which the Chinese language shall be the teaching medium. A few

union medical colleges already exist, but these are all underdeveloped, and do not measure up to the highest requirements of modern medical educational standards, either in plant, equipment, staff or endowment. The effort now is to slightly reduce the number of these teaching institutions and to strengthen the remainder by further unions.

One of these union medical colleges is in West China, in the City of Chengtu, the provincial capital of Szechwan, the largest and most populous of all the provinces of China, with a population of 60,000,000. With the two other provinces of West China and also Thibet included, the constituency served by this institution is about 100,000,000. Chengtu is one of the several large cities in China officially recognized by the China Medical Missionary Association as a most strategic centre for the development of medical education in China.

Militia and Naval Medical Services and Ambulance

ANOTHER "V.C." TO THE MEDICAL PROFESSION

Capt. Bellenden S. S. Hutcheson, who has been awarded the Victoria Cross.* is medical officer of the 75th (Toronto) Battalion, with which he has been at the front during a year and a half of heavy fighting. Capt. Hutcheson has been highly spoken of by Col. C. C. Harbottle, D.S.O., of the 75th, in letters to friends here, and by Col. J. S. D. Thompson, who was temporarily in command of the unit while Col. Harbottle was in the casualty list, and who is now in Ottawa.

Capt. Hutcheson is an American, born at Mount Carmel, Illinois, and came to Toronto in December, 1915, to enlist in the American Legion, with which he went to England. A vacancy occurring he was sent to the front as medical officer of the 75th, in which capacity he has long been doing splendid work, and has now been awarded the Victoria Cross.

CAPTAIN LEWIS W. KERGAN RETURNS AFTER THREE YEARS' SERVICE IN MESOPOTAMIA

After three years' service in Mesopotamia with the Royal Army Medical Corps, Capt. Lewis W. Kergan, returned to Toronto December 28th. He was greeted by his wife and little four-year-old daughter, who reside at 45 Albemarle Avenue. Capt. Kergan landed in Mesopotamia in 1916 on the day that General Townshend surrendered. The conditions that the

*The name of Capt. Hutcheson does not appear in our official list (page 29) as the award has not been as yet confirmed.

British-Indian troops had to contend with during 1916 he describes as very difficult.

"The whole army, including the British troops, had to subsist on Indian rations, consisting of peppers, rice and curry, transportation being utterly out of the question. Conditions are to-day entirely different," states the medical officer. "The rations are of the very best, and the medical service is well organized. The most up-to-date hospital ships have been plying up and down the River Tigris for the past year. During 1917 the suffering from heat stroke was intensive, the temperature running around 128 degrees in the shade. Over ten thousand deaths from heat stroke alone occurred among the troops during that summer, when they were following up the retreating Arabs and Germans."

Among the deaths from heat stroke was that of Sir V. Horsley, the noted English physician, who dropped suddenly one day on the pavement while attending a native bazaar. During the past year Capt. Kergan has been in charge of the advance hospital at Bagdad. There were no deaths from heat stroke during the past year.

Capt. Kergan graduated from Toronto University in Medicine in 1911, and prior to enlistment was practising at Prince Rupert, B.C.

MAJOR ORR NOW D.S.O.

Major Harold Orr, of Calgary, a graduate of Faculty of Medicine, University of Toronto, in 1911, is among the New Year's list of those having been awarded the Distinguished Service Order. Major Orr went overseas with the Canadian Army Medical Corps early in the war, and for a time did hospital duty in England. He then went to France and was attached to the 8th Canadian Field Ambulance. In March, 1918, he received his majority, and in April was appointed officer in charge of the 3rd Canadian Sanitary Section.

MAJOR L. C. PALMER DECORATED

Information recently reached Toronto that Maj. L. C. Palmer had been called to London to be decorated with the Military Cross by the King.

Maj. (Dr.) Palmer graduated in medicine at Toronto University in 1914 and enlisted in the C.A.M.C. in August of the same year, immediately after war was declared.

In France he was with the Canadians through all their heavy fighting for the past two years or more. He was promoted to the rank of major, is the O.C. of his unit, has been awarded the Military Cross and recommended for the D.S.O. for conspicuous bravery. Maj. Palmer is the youngest son of Mr. George Palmer, Jameson Avenue, Toronto, and attended Parkdale Collegiate, where he was prominent in athletics before entering Toronto University.

The following is a copy of the description of the action for which the award was made:

"He was responsible for evacuating casualties occurring in units of this brigade. His work, under conditions of the most extreme difficulty, was beyond praise. His unceasing efforts and splendid personal example were marked factors in the successful clearing of casualties."

Capt. (Dr.) H. Phillips, son of Mr. James Phillips, 618 Dovercourt Road, Toronto, is another of the original officers of the Sportsmen's Battalion to return. Capt. Phillips went overseas as medical officer with the Sportsmen, but when the unit was broken up he was left in England for a time. He went to the 10th Field Ambulance in France and served with that unit for over a year, being invalided back to England with the influenza and heart trouble. He was anxious to learn about the whereabouts of the other members of the Sportsmen's Battalion, two of whose well-known officers, Capt. Gordon Applegath and Lieut. Tom Greer, were killed in action. Capt. Phillips is a well-known graduate in medicine of the University of Toronto.

The Military Cross has been awarded to Capt. James Evert Barry, of Niagara Falls, who, while tending the wounded of attacking companies, searched the field under full observation for men lying in exposed positions—thus saving many lives. Originally enlisting with the University Base Hospital Unit (No. 4 Canadian General Hospital), he was promoted from private to corporal before his return to complete his fifth year at the School of Medicine. After graduation in 1916 he took out a commission in the C.A.M.C., crossing to England as M.O. of the 121st Battalion. On arrival in France, however, he transferred to the 2nd Canadian Infantry Battalion and was mentioned in despatches in June of this year and wounded the end of September.

Major Edward S. Jeffrey, M.C., who is a graduate of the Medical Faculty, University of Toronto, 1914, arrived on December 27th at the home of his mother, Mrs. Andrew Jeffrey, 107 Carlton Street. He returned on the *Grampian*. Having enlisted as a staff sergeant in the C.A.M.C., he went overseas with the 1st Contingent and served in No. 2 Field Ambulance in France. He soon won his commission, receiving subsequent promotion to the rank of major. In September, 1916, he was wounded, but remained on duty, and the following July received the Military Cross for his work at Vimy Ridge. He was gazetted Deputy Assistant Director of Medical Corps last May.

Having served on H.M.S. *Portia* since joining the Royal Naval Volunteer Reserve last May, Surgeon Probationer G. A. Jordan recently returned from overseas. He is a member of class '20, School of Medicine, and his home is at 63 Orchard View Boulevard, Toronto.

Major Cyril S. Imrie, formerly of the medical staff, University of Toronto, has returned from overseas. Major Imrie went overseas in May, 1915, and was pathologist to No. 4 University Base Hospital and served also in Greece. Later he went to England and was attached to Orpington Hospital.

Capt. James K. Mossman, an M.B. of 1911, University of Toronto, has been gazetted as having won the Military Cross. In November, 1914, Capt. Mossman enlisted with an American Ambulance Company and served in France until March, 1915, when he went as an acting surgeon to Serbia. He served there until August of the same year, and was twice decorated by the King of Serbia.

One of the original medical officers of the No. 2 General Hospital, which went overseas in October, 1914, returned to Toronto on December 19th in the person of Lt.-Col. B. K. Menzies, R.A.M.C., of the Orpington Military Hospital staff. Col. Menzies went overseas as captain with the No. 2 General Hospital Corps, and up to a year ago was engaged in surgical work at Military Y.M.C.A. Hospitals. Ten months ago he was identified with the surgical work at Orpington.

Having been repatriated recently Capt. Henry Crassweller, M.B., 1908, has now returned to Canada, arriving at his home in Windsor, Ont., December 21st. When taken prisoner in April he was acting as M.O. of the 11th Battalion, Sussex Regiment, but he had previously served in France and the Balkans with the 68th Field Ambulance, R.A.M.C. He was also for a time on the hospital staff at Colchester, England, returning to France with the 133rd Field Ambulance.

Capt. J. C. McCullough, a graduate of the Faculty of Medicine, University of Toronto, in 1916, has been awarded the Military Cross for gallantry under fire. When he himself had been twice wounded, he continued attending to the wounds of others, and thus, states the official despatch, was the means of saving many lives.

Capt. (Dr.) W. W. Wright, Toronto, returned from overseas on the *Melita*.

In the list of military honors conferred by His Majesty the King on New Year's Day, there appeared the names of the following Canadian medical officers: Companions of the Bath: Col. Robert P. Wright, Col. Spurgeon Campbell, Col. John Kidd.

Capt. David W. McKechnie, Medicals, and Maj. Stanley G. Ross, Medicals, have been awarded the Distinguished Service Order.

Capt. William Givens, C.A.M.C., of Toronto, has been awarded the Military Cross. He maintained first aid post for two days under intense fire.

Capt. Benjamin Lyon, C.A.M.C., of Kingston, has been awarded the Military Cross. He followed a cavalry charge on foot, attending the wounded.

Capt. Edward Liversay is appointed Adjutant at the Ogden Military Convalescent Hospital.

Capt. Robert John Kee is detailed for duty under the A.D.M.S., M.D. No. 2, on ceasing to be employed with the B.C.R.M.

Capt. William Arthur Harvie is posted for duty at the Regina Military Hospital.

Capt. Seymour Traynor is posted for duty at the Ste. Anne de Bellevue Military Hospital.

The following officers have been selected to serve in the Overseas Military Forces of Canada:

Major George May Foster is posted as officer i/c medicine Military Hospital, Quebec.

Lieut.-Col. Thomas Albert Starkey appointed consultant in sanitation for M.D. Nos. 4, 5, 6 and 7.

Lieut.-Col. Lewis Wentworth Irving, D.S.O., is detailed as A.D.M.S., M.D. No. 2, with the rank of colonel.

Capt. P. H. Desnoes is now chief surgeon at the Fredericton Military Hospital.

Major Keith Forrester Rogers is posted for duty at the Military School of Orthopedic Surgery and Physiotherapy, Hart House, Toronto.

Major Malcolm M. Crawford has been posted as Registrar St. Andrew's Military Hospital from the office of the D.G.M.S., Ottawa.

Major Thomas Lowell Britters, C.A.M.C., has been appointed temporary deputy assistant of the medical services of M.D. No. 2.

News of the Month

$10,000,000 FOR EDUCATION

The will of Capt. Joseph Raphael de Lamar, capitalist, mine owner and director in many large Canadian and American enterprises, leaves nearly half his estate, estimated at $20,000,000 to the Harvard University Medical School, Johns Hopkins University, and the College of Physicians and Surgeons of Columbia University, for medical research into the cause of disease, and into the principles of correct living. The bequests to these institutions in equal shares consist of his residuary estate, estimated at about $10,000,000. He gave a trust fund of $10,000,000 to his only child, Alice Antoinette de Lamar, who resides in Paris, with the provision that if she dies without issue the principal of this fund also goes to the institutions named.

RECONSTRUCTION AND THE CANADIAN NATIONAL COMMITTEE FOR MENTAL HYGIENE

Too few of the medical profession in Canada know of the splendid work being accomplished by this young but thriving organization. The readers of The Journal could not do better than glance over a booklet recently published by The Canadian National Committee, as from it they would get some idea of the ground being covered under the guiding hands of Drs. C. K. Clarke and C. M. Hincks. For instance, the committee's work in behalf of returned soldiers is exceedingly creditable, the manner in which the subject of immigration is being handled, the provincial and municipal surveys now being

made by the medical director all go to prove that the committee's work is but in its infancy and cannot but prove of the utmost importance to young Canada.

The Canadian Committee is supported by voluntary contributions, and up to December, 1918, public-spirited Canadians have contributed $50,000 for the work. The donations consist of pledges spread over a period of three years, and thus make possible an annual budget of approximately $16,000. There is urgent need, however, for the employment of more workers, and to cover the necessary expenditures, a budget of $30,000 is required. Doubtless, when the activities of the committee become generally known, their value will be so appreciated that financial assistance will be given by an ever-increasing number of generous citizens.

DEPARTMENT OF LABOR AND INDUSTRY BUREAU OF INSPECTION, HARRISBURG

Dr. Francis D. Patterson, Chief, Division of Industrial Hygiene and Engineering, Department of Labor and Industry, Harrisburg, Pa., is desirous of obtaining a complete list of all physicians engaged in the practice of industrial medicine.

It has been the practice of that department to hold semi-annual Conferences of Industrial Physicians and Surgeons for several years. These conferences are well attended, and a great deal of valuable matter is presented in the discussions. The next conference will be held at an early date.

The late Dr. A. Orr Hastings, of Toronto, who died on November 21st, left the following amounts to different Homes and Hospitals: $4,000 to the Hospital for Sick Children, Toronto, to endow two cots in memory of his late wife and himself; $3,000 to the Home for Incurable Children, Toronto; $2,000 to the Infants' Home and Infirmary, Toronto; $1,000 to Grace Hospital, Toronto, to be used in the equipment of the obstetrical department of the hospital.

Obituary

After an illness of nine months Capt. R. F. Davidson, C.A.M.C., late medical officer of the 1st Cadet Wing of the R.A.F., passed away at Muskoka Cottage Hospital on December 12th. Capt. Davidson was the only son of Mr. and Mrs. J. L. Davidson, 56 Roxborough Street West, Toronto. He was born in Toronto twenty-six years ago; he matriculated at Jarvis Street Collegiate, and entered Queen's University in 1912, graduating in medicine in 1916. He immediately enlisted in the army, and was for some time medical officer at the Convalescent Home, College Street. He was transferred to the R.A.F. in August, 1917, and moved to Camp Borden for the winter. In the following March he was stricken with pneumonia, from which he never fully recovered. Captain Davidson was married in November, 1917, to Miss Muriel Owens, who was at that time a nurse in Western Hospital, and who survives her husband.

Dr. Guy H. Wallace, son of Mr. and Mrs. A. E. Wallace, 94 Glen Road, Toronto, died at his home in New York in December. Dr. Wallace was a graduate of St. Andrew's College and the University of Toronto. Taking his degree in medicine in 1909, he was for some time assistant to Professor Norris in the pathological department of Bellevue and allied hospitals. He volunteered for service overseas, and was on the staff of Moore Barracks Hospital, Shorncliffe, for over a year. Owing to failing health he returned to Toronto on leave and underwent an operation at the General Hospital, from which he never fully recovered. His offer on several occasions to return to service with the C.A.M.C. was rejected, owing to the condition of his health, and he resumed practice at 515 Madison Avenue, New York. He is survived by his widow

and one brother, Mr. Harry Wallace, of London, England. He came from St. Thomas, Ont., where he attended public and high school, and where his parents formerly resided.

Dr. S. E. Boulter, V.S., died at his home in Niagara Falls, Ont., on December 7th, aged 59. On account of failing health he returned from the front last spring, where he had been a surgeon in the British cavalry. He had for years been a member of the Board of Health and the City Council here, resigning in 1915 to go overseas. He was born in Haldimand County. His widow and one son, Clement, still at the front, survive.

MEMORIAL TO "FLANDERS FIELDS" AUTHOR

The following memorial was placed in St. Andrew's Church, Guelph, a few weeks ago, by Lieut.-Col. David McCrae, sacred to the memory of his second son, Capt. John McCrae, Canada's poet laureate. Toronto friends attended the ceremony.

"Until the day break and the shadows flee away."

In memory of Lt.-Col. John McCrae, M.D., of Montreal, Graduate and Fellow of Toronto University, Lecturer in Medicine, McGill University, Lieutenant C.F.A., South Africa, 1900; Surgeon First Brigade Field Artillery, C.E.F., 1914-1915. In Charge Medical Division No. 3 Canadian General Hospital, 1915-1918. Second son of Lt.-Col. David and Janet McCrae. Born at Guelph, Nov. 30, 1872. Died in France, Jan. 28, 1918. Buried at Wimereux. Physician, Soldier, Poet and the well beloved of his friends. What I spent I had: What I saved I lost: What I gave I have.

. Short days ago
We lived, felt dawn, saw sunset glow,
Loved and were loved, and now we lie
In Flanders fields.

The Physician's Library

Including Muscle Rest and Muscle Re-education. By William Colin Mackenzie, M.D., F.R.C.S., F.R.S. (Edin.), Member of the Council of the Anatomical Society of Great Britain and Ireland and of the Staff of the Military Orthopedic Hospital, Shepherd's Bush, London; formerly Lecturer on Applied Anatomy to the University of Melbourne, and Examiner in Senior Anatomy to the Universities of Melbourne and Adelaide, with 99 illustrations. H. K. Lewis & Co., Limited, 136 Gower St., London, W. C., 1918.

At this time, when everyone is trying his utmost to combat the ugly and persistent definities as a result of the peripheral nerve lesions of the war, and restore the limb to as near normal function as possible, this little book should be perused carefully. This should be done particularly by the neurologist, the surgeon, and the re-educationalist, and by no one more carefully than the medical men, who are undertaking the therapeutic direction of electrical and massage centres in the army to-day. In it the author presents many useful points based on anatomy and physiology for the re-education of muscles. There is no point better made in the whole book than the one that, probably we are all too prone to condemn a muscle to paralytic category on an examination, which, too often calls upon a muscle to contract from a point where maximum power is required, instead of putting the limb in the most favorable position for minimal paretic contraction. The suggestions and diagrams for physiological muscle rest are good and the appliances are simple and can be readily made at any good orthopedic centre. The administration of the thymus gland extract during the re-educational period is something that only actual tests will justify or condemn. Common fallacies in

muscle contractions are dealt with under the muscle groups of different nerves, and under this heading are reproduced good diagrams and photographs, graphically showing the individual characteristics. All through the book the author derives assistance in his arguments from comparative anatomy. This book is one which should be read with a great deal of benefit by those interested in the nerve lesions and muscle lesions, so common to-day.

A Text-Book of Elementary Military Hygiene and Sanitation. By Frank R. Keefer, A.M., M.D., Colonel, Medical Corps, United States Army: Formerly Professor of Military Hygiene, United States Military Academy, West Point. Second edition, reset. Philadelphia and London: The W. B. Saunders Co. Sole Canadian Agents: The J. F. Hartz Co. Limited, Toronto. Cloth $1.75 net. 1918.

The events of the last four years have necessitated a fresh view-point of military hygiene taking up as it does the sanitation of camp and field in different methods and circumstances of war. The author, realizing this, has drawn largely upon the experience of the Allies for the more technical portion of field and trench sanitation. The experience gained in the rapid formation of a large army from civilians has given him free scope for well considered remarks in regard to the care of the troops and selection of recruits. Many medical officers with overseas experience will bear testimony to the truth of his remarks on the necessary importance of the personal supervision of the men by the medical officer, both in the way of getting the men fit by inculcating the principles of personal hygiene and the avoidance of preventable diseases.

In his remarks on Gas-gangrene it is stated that "this is not very common," this is much at variance with the overseas experience where it was unfortunately too common though not invariably a grave condition, as the author states. It is noted too, with regret, that mention is not made of trench fever, a louse-borne disease which has been the cause of considerable wastage in the fighting forces. The methods of rendering the water supply potable and the disposal of wastes are taken up in

detail, as this is an extremely important part of military hygiene. A special chapter is devoted to venereal disease and deals with preventive and prophylactic measures. The results of the latter not only in the American forces but abroad have been eminently successful and have reduced the incidence of disease in this respect to a great degree. The use of alcohol under ordinary conditions is condemned unreservedly and rightly so. However, he states that as a restorative for fatigue following hard labor, for example the rum ration, it may at times be used.

On the whole the book gives a rather brief but concise outline of hygienic methods in a modern army.

International Clinics. A Quarterly of Illustrated Clinical Lectures and especially prepared Original Articles on most Departments in Medicine by Leading Members of the Profession. Volume III, 28th series; 1918. Philadelphia and London: J. B. Lippincott Company.

Editor Landis, perhaps stimulated by the somewhat recent appearance of the North American Clinics and the Chicago Clinics, presents in this volume a fine lot of interesting material. Christian, of Boston, reports an instructive case of Acute Vegetative Endocarditis. Patterson, of Jefferson Medical College, one of Auricular Fibrillation. Rehfuss, of Philadelphia, contributes a unique report on the use of the fractional gastric tube. To our readers who are interested in diagnosis and treatment of "Stomach Troubles" (and what general practitioner is not?) this will be found to be an especially helpful article; more particularly if they live beyond the radius of an X-ray outfit. Lydston presents a useful article to the general practitioner on the non-surgical treatment of Enlarged Prostate. Landis himself contributes a readable article on the somewhat time-worn subject of Pulmonary Tuberculosis. Two prominent Louisville men give a fine clinic on a case of Coleliths—accompanying—and causing—Pancreatitis—one in which the diagnosis was difficult—as is most of the lesions in what they refer to as "Hell's whole acre." Anesthesia on the Battle Front will interest every general practitioner and anesthetist and surgeon. It

indicates that anesthesia is not properly taught and, consequently poorly learnt, in our colleges. The remaining articles are all good—some even more worthy of mention than those we have alluded to above.

Hints on the Voice in Giving Commands. By S. S. Curry, Ph.D., Litt.D., Author of Mind and Voice, etc. School of Expression, Book Department, Copley Square, Boston, Mass.

Doctor Curry recommends officers to feel their voice easily and naturally increasing the active retention of breath in the middle of the body; to expand the chest harmoniously and sympathetically; to stand tall; to keep the throat relaxed and open; to study surprises, exclamations, laughter, etc. etc.

Clinical Diagnosis. Fourth edition, revised and reset. A Manual of Laboratory Methods by James Campbell Todd, Ph.B., M.D., Professor of Pathology, University of Colorado. 12mo. of 687 pages, with 232 text illustrations and 12 colored plates. W. B. Saunders Company, London and Philadelphia, 1918. Cloth, 14s. net.

The plates and illustrations together with the very full and clear description of methods make this an ideal work for one wishing to do the greater part of his own laboratory work and especially for the general practitioner who may be at an inconvenient distance from a large laboratory.

Modern Operative Bone Surgery, with special reference to the Treatment of Fractures. By Charles G. Geiger, M.D. 120 illustrations. Philadelphia: F. A. Davis Co. 1918.

While reparative surgery by flap methods was known and practised four thousand years ago (Ebers Papyrus, B.C. 1055) the use of the autogenous bone transplant became possible only with Lister's discoveries. With Ollier's and Macewen's investi-

gations regarding the reproduction of bone, and with the combination of these by Krause, of Germany.

The extended use of such methods is not older than the airplane.

Dr. Geiger, who was closely associated with the late John B. Murphy in his work, and who dedicates his book to that most original of American surgeons, deals only autogenous bone grafts, believing with Groves a living bone of the same species gives much quicker, stronger and more certain results than dead bone or from that taken from any other species. No endorsation is given to the employment of non-absorbable material in the internal fixation of fractures or other allied conditions.

Instead we have this somewhat dogmatic declaration "All foreign materials should be condemned and their use be discontinued."

The work before us begins with a careful and up-to-the-hour study of the histology of repair in cartilage periosteum and bone, and of the function and fate of the transplant. Then follows a description of the electrical and other instruments, from motors to skids, which the author has found to be useful in this department of surgery. Sliding grafts, inlays and dowels are then considered and their relative advantages pointed out.

The selection of cases for open treatment and the preferable time for operation follows. Then special fractures and lastly orthopedic conditions and tubercular bone diseases are discussed.

The book as a whole reflects the work of our clinic, but that clinic was a great one, and it is worthy of close study by all surgeons who attempt to do modern surgery as it relates to the bony system.

An International System of Ophthalmic Practice. Edited by Walter L. Pyle, M.A., M.D., Philadelphia. Medical Ophthalmology by Arnold Knapp, M.D., Professor of Ophthalmology, Columbia University, Philadelphia.—P. Blakiston's Son & Co.

Of all the branches of Medical Science none begin to compare with Ophthalmology in the number of obscure medical problems which are met with—the ophthalmologist must be above all a

first-class internist, if his patients are to receive intelligent treatment. A diagnosis of the anatomical condition is comparatively easy, but with such diagnosis, one's troubles are just commencing—the pathological cause is still to be discovered. Dr. Knapp endeavors to aid us in reaching this latter. In these days when we are just beginning to recognize the manifold manifestations of the various infections, one turns to the chapter on this subject, and is not disappointed in finding it treated with discernment and discrimination. An old pupil of Moorfields, the reviewer wishes to record his pleasure in coming across an American book which gives due prominence to the work and observations of the British School of Ophthalmology—a school characterised by accuracy of observation and sanity and soundness of judgment.

Forced Movements, Tropisms, and Animal Conduct. By Jacques Loeb, M.D., Ph.D., Sc.D., Member of the Rockefeller Institute for Medical Research. Cloth. Price $2.50 net. Pp. 209. J. B. Lippincott Company, Philadelphia and London.

This is the initial volume in a new series of monographs on experimental biology. It is the aim of the monograph to show that animal conduct can be investigated by the quantitative methods of the exact sciences, and that these methods lead to the forced movement or tropism theory of animal conduct. Experiments are described showing that the effect of various forms of energy is to produce reactions that depend upon certain physical conditions which may be controlled by the experimenter. The forced orientation of plants by outside sources of energy has long been known as tropism; and the theory of animal conduct based upon the behavior to outside stimulation has therefore been designated the tropism theory of animal conduct. The book summarizes the work of many years in a clear and concise style and should be read by everyone interested in the study of botany, zoology, or general physiology.

In reference to Chapter IV, dealing with galvanotropism in the crayfish, it might be pointed out that Loeb explains the

movement of the crayfish towards the anode by the stimulation of the neurones of one group of muscles. These neurones he assumes to be in a condition of catelectrotonus. He further assumes an anatomical arrangement of the neurones of flexor and extensor muscles which has never been established. It has been shown by F. R. Miller, of the Western University, that the movement of the crayfish towards the anode takes place with a weaker current than is necessary to produce the postures described by Loeb. Therefore, the postures cannot be the cause of the movement. The cause of the movement, according to Miller, is to be found in a negative electrical charge borne by the animal. It has also been shown by Miller that the animal could be forced to the opposite pole by placing it in a strong solution of sodium chloride, thereby replacing the negative charge by a positive charge. The postures described by Loeb may be explained by the fact that differences in the strength of stimulation produce different postures, *e.g.*, a weak stimulation of the limb produces opening of the claw whereas a strong stimulation produces closure. The postures, therefore, are not the cause of the movement to the anode, and the explanation which Loeb gives involves a double hypothesis and ignores the fact that such postures can be produced by varying the strengths of the stimuli.

The "Wellcome" Photographic Exposure Record. A distinguished member of the Royal Photographic Society said of the 1918 edition, "The book improves every year, and whoever originally invented the Exposure Calculator deserves the combined thanks of the photographic world" And now Burroughs Wellcome & Co. have produced another edition, that for 1919, in which there is an improvement where it seemed least possible. The calculator is better than ever. As of old, by one turn of one scale, it tells the exact exposure for any subject at any time of the day and year, but better than ever the correct exposure appears opposite each stop. This is the position when we are using practically all the popular special rapid plates and roll films. If we are using slower plates or faster plates a second slight movement of the same scale gives the

correction for the alteration in speed and again opposite each stop is the correct exposure.

Many thousands of photographers have used this calculator for at least ten years, and its reliability and simplicity have been the subject of universal approval. Now without complication it has been most ingeniously improved and in fact perfected.

As with their chemicals so with their publications it is obvious that the policy of Burroughs Wellcome & Co. is persistently progressive, and the difficulties created by the war appear to act on them as a stimulant rather than a deterrent.

Clinical Medicine for Nurses. By Paul H. Ringer, Asheville Mission Hospital, Asheville, N.C. Philadelphia: F. A. Davis Company.

Ringer has attempted for the American nurses what Chalmers Watson has for the British. The main points dwelt upon are symptoms and their significance; complications and their detection, in so far as the nurse is concerned. There is no doubt that many nurses, obliged as they are to spend three years in wards among the sick constantly, become interested—and that rightly—in the symptomatology of disease, as well as in its etiology, pathology and treatment. By such nurses this volume will be read with interest and profit.

The Physician's Visiting List (Lindsay & Blakiston's) for 1919. Sixty-eighth year of its publication. Philadelphia: P. Blakiston's, Son & Company (successors to Lindsay & Blakiston), 1012 Walnut Street. Sold by all booksellers and druggists.

"Blakiston's Visiting List," as it is familiarly known, is indeed a "multum in parvo." It is almost indispensable to the average medical practitioner, and is worth several times the price charged for it. Buy it.

The Canadian Journal of Medicine and Surgery

A Journal published monthly in the interests of Medicine and Surgery

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Editorials

THE HOME COMING

HUNDREDS of medical men will return to Canada during the next few months.

The air is full of talk respecting rehabilitation and reconstruction in all departments of endeavor.

Our confreres who return will find that in four years much of their practice has gone. Many of them after their strenuous experiences will not feel able to engage in active practise any more. These must be provided with easy billets or provided for in some way. Many of the fresh graduates who rushed overseas without any experience in general practise, and were at once placed to do certain special work at the front, will be handicapped upon returning if they attempt to engage in general practise at once. The Government has been asked to give these men an opportunity and assistance to brush up in some post-graduate school, in order to enable them to enter the field of general medicine again. A certain number of those who engaged in special practise during the

struggle will return to pursue their specialty in civil practise, and will, no doubt, make good.

The larger cities will be over-filled with returned men; consequently there will be much overcrowding. It is to be hoped, therefore, that the great majority of the men who will graduate within the next few years will seek to commence practise in the pastoral and smaller urban communities, where, during the war, the shortage has been felt much more severely than in the bigger centres.

THE POST-GRADUATE NEED

THE average general practitioner must feel the need of acquiring, at least every five or six years, a fresh stimulus and additional knowledge in his chosen field —recent etiological findings, newer points in diagnoses, and fresh modes of treatment. He needs to get away from his regular work for a few weeks or months to enlarge his vision of life in general and obtain a proper perspective of his own place in the medical world and in the larger world about him. To visit some metropolitan centre, to rub up against the leaders in the profession, to witness the up-to-date laboratory, clinical and operating techniques, will be especially helpful to him.

We believe we speak for the average, every-day, " garden-variety " of medical man when we ask for the establishment in Winnipeg, Toronto, and Montreal (at least) of creditable post-graduate centres wherein our brethren may " brush up."

Who will get the matter put in concrete form?

Mr. Dean? Mr. President of the Medical Council?

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Society Proceedings

THE ACADEMY OF MEDICINE, TORONTO

The stated meeting of the Academy on Jan. 7th was addressed by Major Frankwood E. Williams, of the United States Army. He said:—We in the United States are deeply indebted to Canada and England and other countries which were in this war long before we were. If we have succeeded in doing anything particularly well in our medical department we are more than indebted to you. We have carried out some of the ideas that members of your own medical corps had. In fact it was after consultation with the officers in the medical corps in England, and after repeated conferences with medical officers in Canada, that the plan I shall outline was adopted in the American Army. Many suggestions came from Canada. At the same time the work is an outgrowth of some ten years of work on the part of the National Committee for Mental Hygiene in the States; one of whose objects is the improvement of the condition of the care of the insane throughout the country. An effort was made by this Association to get the asylums and other institutions caring for the insane to look after their patients as they are looked after in general hospitals—particularly the acute cases; and also to send the force organized in these hospitals out into the community, where, they had come to realize, there is no greater public health problem than the problem of mental disease. It is a tremendous problem in the States. In the single State of Massachusetts there are 3,000 new cases every year—not counting those which have been discharged and readmitted. That number is increasing every year. In New York State there are 34,000 people in hospitals for insane, with 6,000 new cases every year. In Ohio—a typical middle-western State—there are 3,000 new cases every year, which means that be-

tween now and this time next year 3,000 people now going about will be committed as insane. This means a tremendous amount of money expended in maintenance of these hospitals and patients, *and the most of it is sheer waste*, because the percentage of recovery is not on a par with the recoveries in other hospitals. A great portion of the expenditure is social waste; many people have come to believe that a great deal of mental disease is preventable. Mental disease has so long existed in the midst of superstition and misunderstanding, it has been neglected up to the present. But there is a group—a growing group—who are convinced that if this problem cannot be dealt with in its entirety, split up into its constituent parts it is amenable. It is proposed to improve the standard and character of these insane hospitals, making them easily accessible. At present it is more difficult to get into a mental hospital than into a gaol. Before a man is adjudged insane his malady is far advanced. The effort now is to break down this admission barrier, and make it as easy to get care, treatment, advice and suggestions in these mental hospitals as it is in any other hospital; and arrangements are being made to allow patients, who wish it, to go voluntarily to these institutions for help. A physician does not want to take his case before a judge when he knows there is a question as to the patient's being really insane; he knows the patient needs help. It is being made possible for the doctor to take his patient to these special hospitals, the only procedure being the signing of a simple statement of fact; the patient is admitted and is kept for ten days for observation and treatment. Then he may be committed, discharged, or remain in voluntarily. An effort also has been made to establish in outlying cities and towns out-patient departments at the regular general hospitals for this sort of case —psychiatric clinics to which social workers may bring cases that are troubling them, school teachers may bring pupils who are growing difficult either in the matter of discipline or backwardness, or to which parents may bring defective children; where adults may come and get advice in advance of the time when otherwise they might be committed. To these clinics will also be referred a large number of people—candidates for mental hospitals, who can be handled very fairly while outside. This sort of work leads up to the consideration of the problem of how

to deal with the feeble-minded, and then into the question of juvenile delinquency and crime, vagrancy, chronic poverty and prostitution. The committee has at various times made surveys of different states respecting the feeble-minded in order to get at existing conditions. This must be done before the remedy can be indicated. At the Juvenile Court in New York a study is being made of these problems from the standpoint of the individuality of the people who make the problem. Likewise there has been the best of work going on at Sing Sing for the last two years—a survey of the people in that institution, the point of view being that before we can handle the problem of crime or any other of these social problems it is important to know the personality and fundamental make-up of these individuals creating the problems. After all it is a problem of adjustment—life is a problem of adjustment for all of us, but it is particularly difficult for those individuals limited in mental capacity or nervously unstable that they cannot adjust at the same level or social level that is demanded of society. There is a group of people who believe that these individuals can be adjusted, that institutional life is not necessary for the feeble-minded, for all psychopathic inferiors or even for all insane that the level of adjustment is individual and that an understanding of the individual and an understanding of the environment—the two can be put together in a reasonable way if there is a proper and intelligent supervision.

When the war came on an individual study of the so-called problem of shell-shock in the armies occurred. This Committee was naturally interested in what might happen to the American Army, composed of drafts consisting of a cross-section of the community as it existed, men suffering from tuberculosis, dementia precox, epilepsy, and such conditions as are found in a general community. After advising with medical officers in Canada and England it was decided to urge upon the Surgeon-General that an attempt be made to attack the problem before it began by culling out those individuals supposed to be unable to survive the rigors of a campaign and who would succumb to nervous or mental disease. At the reorganization of the Surgeon-General's office, at the opening of the war, the Surgeon-General planned that there would be specialties in medicine,

Previous to this an army medical officer was supposed to do anything, from presiding at an officers' mess to doing the finest surgery, handling psychiatric case or anything else. General Gorgas felt that he would get the best results if special problems were put in the hands of those who were dealing with these special problems in civil life. There were created divisions of surgery, internal medicine, tuberculosis, pathology, psychiatry, surgery of the head and of cardio-vascular work. The function of the psychiatric division was to propose to the Surgeon-General some policy for handling the problem of nervous disease in the army. The work seemed to divide itself into three parts: First, the exclusion and treatment of those who were mentally unfit; the prophylaxis of those accepted, and the care and treatment of those who succumbed while on duty; and, finally, the care and treatment of the returned soldier who might be ill, and adjust him in his new environment. For the purpose of carrying on the work of this division a call was sent to the various neurological and psychiatric societies. They had responded by sending some 750 men trained in these branches, who were taken into the army. But it was soon apparent that the need was going to be greater than the supply. So special training classes were formed at various centres where psychiatric hospitals and neurological clinics existed, where men were given a six weeks' intensive training. It was arranged that men who had already been trained in psychiatry should attend the neurological clinics, and men who had been trained in neurology should attend the psychiatric clinics. This plan worked very well. It would have been helpful if the examining medical boards had excluded men suffering from the various neuroses and psychoses from the army; but the physicians on the draft boards were not familiar with these conditions, so there were very few stopped by the draft boards, except in the large centres; so these men came to camp. There was organized in each camp a neuro-psychiatric board, consisting of from one to ten men. All men were first examined by the neuro-psychiatrists, and admitted or excluded. These men were passed along the line, presenting themselves before all the various experts, any of whom could exclude an unfit soldier. An endeavor was made to exclude as many as possible before being sworn into the service. But that was not wholly pos-

sible, they appeared at so fast a rate. The work was difficult at first, but gradually became easier. It was found, however, that examination at the entrance to the camp was not sufficient. Examining a thousand a day, you can't get them all, even though you had a longer time. The symptoms of their psychosis might not be in evidence at the time. When a man was examined and found all right his papers were stamped, "Passed by the Psychiatric Board.' The work was done so rapidly a physician wrote back and said, "The men at Jefferson are doing mighty well, but believed that instead of subscribing 'Passed by the Psychiatric Board' they should have stamped 'Glanced at by the Psychiatric Board.'" In order to pick up cases that would get by and those that would develop in the camp, there was established a camp psychiatrist, and when the camp was organized he became the division psychiatrist. This was, perhaps, the biggest "strike" that was accomplished at one time in the whole programme. It was important, we found, that this work was to be done satisfactorily and supported properly; so we concluded there ought to be a representative of neuro-psychiatry on the division headquarters staff to whom our arguments and data might be presented directly without having to pass through the hands of junior officers of low rank in the army. By some luck, such an officer was appointed to headquarters staff. Then every other specialty wanted to get on, but the psychiatrist was the only one who slipped through. This was very helpful in controlling conditions in the camp. This department was responsible for the mental health of the camp, just as the sanitary division was responsible for the sanitation. In order to acquaint the line officers with what we were trying to do, a special circular was gotten out and issued to them. Originally these mental cases were known in camp parlance as "nutty." I do say we were looking for "nuts." When this circular was issued it was found we were not only looking for nuts, but misfits—men mal-adapted, and had been found impossible even after a long period of training. Had we asked these line officers if they had any insane they would have said no. If we should go and say have you any damn fool in your company or any fellows that can't keep step after all this time, or a bunch of fellows who are the butt of jokes, who are poor sticks in general, and you can't do anything with them—men who are

constantly getting into all manner of difficulties—there was hardly a commander but had some. We did not assume that these people were necessarily defective. We looked them over and we found quite a few it was thought best to exclude. After a company commander found that we could assist him in getting an A1 company—for every company commander wanted his to be the best in the camp—he would confess that he was having all kinds of difficulty with some of his men, who spoiled the whole thing. He couldn't get rid of them. But when we came and told him they did not belong he was relieved. The next problem was to establish centres for the treatment of those individuals who became ill. It was arranged to provide thirty-bed wards, known as neuro-psychiatric wards, in the base hospitals. It was soon found that facilities were not adequate. So the camp hospitals came to be used for temporary care and emergency treatment, using these neuro-psychiatric centres—centres of from 100 to 200 beds in connection with the general hospitals established in some area of dense military population. A case of insanity occurring in a camp or cantonment would be taken to the emergency hospital—not to guardhouse or arrest—brought for temporary care at the base hospital, where soldiers suffering from all other forms of illness are treated. There he would be treated and returned, or possibly home if found permanently unfit, or if he required a longer period of treatment he would be transferred to the neuro-psychiatric centre for that region. It was an important thing to have these mental cases treated at the general hospital in this way. One new C.O., coming fresh to a camp, found 150 of this sort of patients, and immediately telegraphed Washington he wanted these "nuts" removed—a general military hospital was not a place for "nuts," and he didn't want them around. He appealed a number of times; but, failing in his appeal, he reported that if these "nuts" were to be maintained, he wanted a ten-foot wire barricade put around their building. The barricade was not built, nor was a single ward removed. At Fort McHenry the wire was bought for a barricade, but was never used. These wards cannot be distinguished from any other sort of wards. There are no guards or wire screens on the windows even. And there has been no difficulty. In the Walter Reed Hos-

pital there is an iron wire screen of a light kind on the back of one ward. But all the other wards are open. The buildings are frame and lined with paper board. The windows all open, and all unscreened, except for flies. There's been no trouble. At first we all thought the windows should have been screened, yet we found it was not necessary. If we have intelligent men who really understand their work and their patients, and if we have competent nurses interested in and who also understand their patients, proper attendants, and plenty of occupational therapy—have them occupied and not loafing about, absolutely idle—we find no difficulty. That has been a distinct eye-opener to all of us. A new officer came to the Walter Reed Hospital and wanted to move these wards out. We allowed the matter to drift a week or so. When Col. Barley and I talked it over with the C.O., and asked him if he wished these patients removed, he replied, "No; these are the best run wards in the whole hospital. I am surprised." When new officers come here they spend from one to ten days on the neuro-psychiatric wards, no matter what specialists they are. They go over there to learn how to run a ward. I mention this because it does show that some advance has been made in the care and treatment of the insane. I don't mean to say that all our mental wards were run upon this basis. It all depends on the particular officer in charge. The whole effort has been to get proper officers, nurses and attendants, and then to keep the patients busy. Where difficulty did occur it was where they put patients in locked wards, with nothing to do but to think of ways in which to defeat his incarceration and force his way out.

The work abroad has been under the direction of Col. Salmon. The plan has been, after following the experience of the other countries—to get treatment as far to the front as possible. We were informed that here in Canada and in England the great difficulty was that there were no men at that time—two years ago—or very few, who understood the so-called shell-shock cases. Your men were brought back to the base hospital and referred from hospital to hospital, and finally back to Canada, by which time they were chronics—paralyzed, mute, deaf, etc., with much lessened chances of recovery. We tried to get our officers as near the front as possible to get these men

as soon after their attack as possible. We had special base hospitals for nervous and special for mental cases. In addition there has gone over with each division a division psychiatrist; all these men were examined. He went through the training camps and to the front. He was in pretty close touch with the various individuals in the unit. As the division went into action the division psychiatrist organized his field hospitals along with the other divisions immediately back of the front, and into these hospitals the nervous and mental cases were immediately sent. At our first big fight we hadn't been organized, owing to the bickerings and difficulties incident to partial organization, and a considerable number of cases were sent back to the base hospitals. That one attack was an object lesson to those in authority, and Col. Salmon was asked to go ahead and welcome to any authority or organization he wanted. From the advanced field hospital 65 per cent. of these patients were returned to duty in thirty-six hours. Thirty-five remaining patients went to the base hospital wards. Twenty of these returned to duty in ten days. The remaining fifteen were sent to a special neuro-psychiatric hospital, and fourteen returned to duty in thirty days. We have two and a half million men over there, not all on active footing; but now that the war is over we have over 300 of these mental cases remaining on the other side, including shell-shock and insane. Other cases may develop as time goes on. We are planning for the care of the returned men. They will all pass into Virginia or New York State. Here we have a clearing house for returning patients and any patients needing mental treatment are sent to a particular neuro-psychiatric hospital, and they are gone over again, and, if all right, they can be discharged. In case a man is suffering from a neurosis he is helped along by the idea that the quicker he recovers the quicker he will get home. Many of them may relapse unless kept close track of; and so it has been found important to make treatment accessible at all times wherever they may be. The National Committee, therefore, co-operates with the Surgeon-General's office, and are planning with the American Red Cross to have specially trained social workers who will be established at the divisional headquarters of each Red Cross division, whose duty it will be to look after the particular individuals discharged from the army

in their division. This organization will extend out through the community with representatives competent to deal with these cases. Assistance will be gained through the co-operation of the various State mental hygiene societies and social workers. By this method we can throw a net over the country that will reach almost every town of any size in the community. If the case is a psychosis the patient may be sent to one of a number of special psychiatric hospitals throughout the country. For neuroses cases there has been established a 1,400-bed hospital at Plattsburg. At Carlyle, Pa., we have a 1,000-bed hospital, capable of being developed into a 2,000-bed institution. Since the war stopped sufficient accommodation has been found at Plattsburg. There are several hospitals for nervous cases throughout the United States. These are all general hospitals and known as number so-and-so. Another provision is found in general hospitals that take different types of cases. Returning soldiers with a neurosis or a psychosis are returned —not to the St. Elizabeth, an army and naval mental hospital —but to the general military hospital, and are not discharged until recovered (if neurosis) or until four months after disappearance of symptoms if psychosis. We prefer to make it eight months. We believe if we can maintain our patients for four months after active treatment, never letting them slump, that we can recover a large percentage of them. If a manic-depressive were sent out too soon and discharged from the army, and returned to his home, he might break out again, be sent to the State Hospital (insane), put in a back ward, where he would not be seen for several years. If he is going to get well we want him to go home well, the same as any other soldier in the army. If he is not going to get well he is sent to St. Elizabeth's Hospital, or sent to his own State Hospital, to be maintained at the expense of the Government. His family will also be looked after. With reference to precox cases— there is a large number of cases which look like precox cases, which in two or three weeks apparently recover. We don't know what the disease it. The man who has been taken into the army is presumed by law to be healthy. And if it is discovered later that he was ill when taken on, he is treated by the Government just as though he fell ill since being taken on. It has happened that men with precox or G.P.I. have slipped

by the original board; and in three days have been discovered suffering from one of these psychoses. They are discharged as having been rendered unfit in the service.

We excluded 56,000 men in our examinations. There were 5,000 epileptics; 1,950 simple nervous cases; 9,000 cases of psycho-neurosis; mentally defective, 18,000; constitutional inferiors, 4,000. There were 12,412 treated in base hospitals. Cases of syphilis of the nervous system were common. Cases of narcotic addiction were much rarer than was anticipated.

Col. Colin K. Russell, C.A.M.C., said it was difficult for him to discuss the address: he could not criticize the work done by the United States medical service. The Canadians were rushed into the war and took everybody in so far as mental symptoms were concerned. We had no national committee of mental hygiene. The United States had 750 neuro-psychiatrists at the end of the war. Canada hadn't seven trained neurologists at the beginning of the war. He thought not more than one or two psychiatrists signed on. The United States had cleared out 56,000 culls; Canada had cleared out very few —a few imbeciles. He did not think there had been a very large number of men returned on account of these defects. We had mental defects—precox cases returned—quite a number of them; but quite a number of these carried on as soldiers and had done well, having borne their share of being gun fodder. When the war was declared, Canada had to have an army, and had to have it quick. There were no medical specialists at all. When they arrived in England they had to co-operate with the British Army, and use the British hospitals. In France they came under the R.A.M.C., who had control of everything. In 1916, following the example of the French Army, special shell-shock centres were established in the casualty clearing stations. When a man was returned from the front line for a disability which was not definite, the medical officer was not permitted to put down a diagnosis of shell-shock or anything else—merely N.Y.D.N. Such a man was sent to a shell-shock centre. He may have had paralysis of both legs, or become mute, or perhaps was trembling all over. The history of his case was given. Following treatment in these centres, 70 or 80 per cent. of the patients were returned to

duty. The other 20 to 30 per cent. were sent to the base. Fifty per cent. of these returned to some sort of duty. The other half were discharged as not fit for duty in France. In England, in the latter part of 1915, special hospitals for orthopedic and neurological cases were established at Lambeth. These were carried on until the latter part of 1917, when it was decided to move to Buxton. Following this there were some other centres established or hospitals were chosen with neurological wards. In Canada, since the Army Medical Corps has taken over from the Military Hospitals Commission a neurological service had developed—in Montreal, Toronto, Cobourg and Vancouver; and one is to be opened in Halifax, when a qualified man can be secured to take charge. At present all those trained were in France or England.

In the Toronto Neurological Centre in the month of October 47 cases were discharged, 9 of which were organic and 38 functional. This represents in even money $390 each, or $15,210 in all saving in disability allowance monthly.

Colin Russell referred to the special psycopathic hospital at Cobourg, where all insane patients are immediately sent on their arrival in Canada. Any that develop in the immediate neighborhood are also sent there. Here they are carefully observed. If the patient is adjudged incurable he is discharged to the care of the Invalid Soldiers' Commission and goes to the provincial asylums for custodial care. They had open wards—ordinary hospital wards, such as those in use in the military hospitals. Col. Russell had recommended that screens be put up on the upper story windows. Col. Russell said he felt very strongly that this modern method of caring for the insane could not be too strongly emphasized. He utterly condemned the method of sending insane to asylums improperly equipped with laboratory facility, lacking modern means of treatment and insufficiently staffed; for it was impossible for any of these patients to get any individual care or attention.

THIRTY-NINTH ANNUAL MEETING OF THE ONTARIO MEDICAL ASSOCIATION

TORONTO, MAY, 1919.

THE thirty-ninth annual meeting of the Ontario Medical Association will be held in Toronto on Wednesday, Thursday and Friday, May 28th, 29th and 30th, 1919. The Committee on General Purposes will meet on Tuesday, May the 27th, at 2 p.m. The chairmen and secretaries of the various sections are as follows:—

Medicine.—Chairman, Dr. John Sheehan, Toronto. Secretary, Dr. F. C. Harrison, Toronto.

Surgery.—Chairman, Dr. Edmund E. King, Toronto. Secretary, Dr. T. A. Robinson, Toronto.

Obstetrics and Gynecology.—Chairman, Dr. B. P. Watson. Secretary, Dr. Gordon Gallie, Toronto.

Eye, Ear, Nose and Throat.—Dr. F. C. Trebilcock, Toronto; Dr. J. C. Calhoun, Toronto.

Every effort is being put forth to present a programme that will be of interest to all practitioners, and we trust that the members of the Association throughout the province will keep the above dates in mind and let nothing prevent them from attending the Victory meeting of our Association.

Dr. G. Stewart Cameron, Peterborough, President.
Dr. T. C. Routley, Toronto, Secertary.

Militia and Naval Medical Services and Ambulance

CHRISTIE STREET INSTITUTION OPENED

Toronto has the proud distinction of having, in the new Military Hospital on Christie Street, which is situated just north of Dupont Street, one of the finest military hospitals in Canada, and the only orthopedic hospital in the Dominion from which no new invention in orthopedic science has been omitted. The surgeons and physicians of the hospital are all specialists in some particular line, and, to quote Lt.-Col. C. S. McVicker, O.C., the purpose is "to give an injured or maimed man the special intensive prolonged treatment under the best conditions for securing the best results."

When the hospital is running at full capacity there may be as many as 1,000 patients treated, and it is expected that eventually Davisville Hospital will be evacuated and the patients sent down to this hospital. Already men who are at present on their way to Canada have been delegated to this hospital.

While the architecture is decidedly institutional in style, red brick, bare and inornate with numbers of windows on all sides, the hospital is so excellently equipped and laid out that it more than makes up for its lack of external beauty of design.

The remodelled building, formerly occupied by the National Cash Register Co., is four stories high, and the basement is also used for many purposes, since it contains the cold storage refrigerators, kitchen and large dining hall, as well as rooms where classes in vocational therapy will be held. These classes will take up printing, telegraphy, sheet metal work, shoe repairing, arts and crafts and, in fact, practically every vocation that will bring the stiffened muscles into play.

The main entrance to the first floor proper is through a

beautiful oak-panelled reception hall, following the Elizabethan style, and on this floor are situated most of staff offices, waiting-rooms, medical board rooms, as well as three wards, massage rooms, mechano-therapy room, and other rooms for special treatment. The second and third floors are entirely devoted to wards. The fourth floor, while also containing a number of wards, has on it two operating rooms, a dental clinic, X-ray department, and several laboratories.

Special features of the hospital are a delightful sunroom, with windows on all sides and surrounded on all sides by what might be termed a roof garden, although it as yet has no garden decorations, a very large gymnasium with full equipment, and in course of construction a modern theatre with a large stage, footlights, curtains and what not, so that the patient should not lack for entertainment.

It was a splendid surprise to see that the traditional white hospital walls, cold and bare looking, had been omitted, and instead the walls are finished in a light buff color, which, beside the oak woodwork, forms a very artistic contrast.

The three annexes, one for the nursing sisters, one for officers and the other for the remainder of the staff, are to be finished in stucco.

In speaking of Lt.-Col. McVicker, O.C. of the hospital, a fellow officer says: "He is just the right man for the right place, and knows exactly how to handle men."

His first military experience was with the Second Canadian Mounted Rifles in the South African War, and later as adjutant of the 26th Middlesex Light Infantry. When war broke out he was practising on Roncesvalles Avenue, but gave up on the formation of the O.T.C. at the University of Toronto, where he was placed second in command, going overseas with No. 4 University Hospital, and serving with them at Saloniki, first as registrar, and later as officer in charge of the medical division. On his return to England with the hospital in September, 1917, he returned to Canada, and served for several months on the Pension Board, in Ottawa, returning again to England in January, 1918, where he was put in charge of the Ontario Military Hospital at Orpington. In August, 1918, he was recalled to Canada and made medical consultant of M.D. No. 2, in which position he remained until his present appointment.

Captain R. E. A. Weston, M.B., 1908, has been signally mentioned in the last despatches of Marshal Haig. He was practising in Tillsonburg when the war broke out. He joined the 168th Battalion there as a medical officer, and went to England with them, but transferred on his arrival to No. 11 Canadian General Hospital at Shorncliffe. Afterwards he went to France with the 2nd Canadian Field Ambulance.

Another University of Toronto man who has been gazetted an Officer of the Order of the British Empire is Major Brefney R. O'Reilly, M.R.C.S., L.R.C.P., who joined the staff of the Military Hospitals Commission in Toronto in December, 1915, with the rank of lieutenant. Receiving his promotion to captain a year later, he became attached in July, 1917, to the Royal Flying Corps Headquarters, acting as medical officer. Seven months later he was made Senior M.O. of the R.F.C., and in June, 1918, received his majority. Major O'Reilly took his M.D. at Trinity College in 1903, and was afterwards a member of the staff in the Faculty of Medicine.

Lieutenant-Colonel J. H. Wood, C.O. of the 2nd Field Ambulance, B.E.F., recently returned to Canada. He is one of the original firsts, leaving Toronto at the outbreak of the war, and was attached to the staff of No. 2 Stationary Hospital, under Col. Shillington. He has since been in continuous service in France, first in hospital, but later in ambulance and field work, being raised successively to major, then to lieutenant-colonel on the ground of merit. He has also been decorated with the Croix de Guerre by the King of the Belgians, and the D.S.O. on his return from the Rhine shortly before his embarkation for home. He practised medicine at 1062 Dovercourt road, Toronto, before enlisting.

Dr. E. A. Lebel, Lieutenant-Colonel in the Canadian Army Medical Corps, who commanded the Canadian Hospital at St. Cloud, France, for many months after the declaration of war, was stricken with paralysis on January 24th, and is in a serious condition.

Several more University of Toronto men have been decorated with the insignia of the Order of the British Empire, including Lieutenant-Col. Percy Gordon Brown, B.A., 1916, University College and an M.B. in 1918, is now an Officer of the British Empire. He enlisted in the 2nd Field Ambulance in August, 1916, and became O.C. of the 2nd Casualty Clearing Station. He was mentioned in despatches in June, 1916.

We take this opportunity of extending hearty congratulations to our confrere, Dr. R. B. Orr, Curator of the Provincial Museum at the Normal School, Toronto, on his son, Capt. W. A. Orr, having been awarded the Military Cross. Capt. Orr has been frequently mentioned in despatches and has shown himself in every way to be an exceedingly good soldier.

Major John F. Burgess, M.B. in 1913, whose home is in Owen Sound, has also become an Officer of the British Empire. He went over as a lieutenant in the C.A.M.C., with the 2nd Contingent. While serving in France with No. 5 Canadian Field Ambulance he received promotion to his present rank and was wounded last October.

Dr. W. H. Jeffs, North Yonge Street, Toronto, has received word that his eldest son, Capt. Howard B. Jeffs, M.C., has been made chief medical officer in charge of the disembarkation of Canadian troops at Portland, Maine. During the past six months Capt. Jeffs has been medical officer in charge at the disembarkation station at Quebec port, but now that many Canadian troops will disembark at Portland it has been found necessary to have a Canadian officer there. Capt. Jeffs has had a distinguished career in the war.

Dr. Arthur C. Hendrick, 20 Bloor Street East, Toronto, desires to announce to the medical profession that in future he will confine his practice to gynecology and abdominal surgery.

The Military Cross has been awarded to Capt. R. H. Thomas and Capt. R. D. MacKenzie.

Having joined the C.A.M.C. in January, 1916, Capt. Roy Hindley Thomas, M.B., 1909, crossed to England the following April, receiving an appointment at the Military Convalescent Hospital in Woodcote Park, Epsom. In May, 1917, he joined the 1st Canadian Field Ambulance in France, and has served with his unit up to the present time, with the exception of a short period as M.O. to the 4th Battalion. Capt. Thomas was a well-known hockey player, was goalkeeper for the Barrie, and later for the University of Toronto hockey teams. Before enlisting he was in practice with his uncle, Dr. N. A. Powell, of 167 College Street, Toronto, and was first assistant in the Emergency Department of the Toronto General Hospital.

Capt. Robert Dewar MacKenzie, M.B., 1914, joined the C.A.M.C. in February, 1916, and after being stationed in Toronto for six months, crossed to England, where he was attached to various battalions at Witley and Seaford Camps. Later he joined the 1st Field Ambulance in France, and was wounded at Hill 70 in August, 1917, while serving as M.O. to the 15th Battalion, Toronto Highlanders. On his recovery he rejoined the 1st Field Ambulance, remaining with this unit until May, 1918, when he went again to the 15th.

Lieutenant-Colonel (Dr.) George Clingan, M.P.P. for Virden, Manitoba, arrived from overseas recently. Lieut.-Col. Clingan was born in Orangeville and attended the University of Toronto to study medicine, from where he graduated in 1892. He went to Manitoba later, where he installed himself as a medical practitioner, and later became a member of the Legislative Assembly. He went overseas as O.C. of the 79th Battalion, which was formed in Virden, in April of 1916. The battalion was later broken up in England, and Col. Clingan was attached to the A.M.C. with the same rank. He was later the O.C. of Monks Horton Hospital, and subsequently becoming O.C. of a hospital in France. When the armistice was signed he was recalled to the Manitoba Legislature as a member for Virden.

Lieut.-Col. D. King Smith received a fine send-off and several gifts of appreciation on February 1st, when the boys of Davisville Hospital assembled in the Recreation Hall to bid an official farewell to their beloved commanding officer.

Beautiful gifts of a pocket cigarette case and a table cigarette case were given by the men, and speeches of gratitude accorded the colonel for the square deal he had always given his boys. It was the last day of full house at Davisville, for transfers to Christie Street Hospital took place immediately after.

It is officially stated that Col. Smith will be appointed on the staff of the new hospital.

Dr. Walter W. Wright, having returned from overseas, has resumed his practice at 143 College Street, Toronto, and will, as before, confine his practice to diseases of the eye.

The Directors of Wellesley Hospital, Toronto, announce to the medical profession that a new X-ray equipment has been installed in the hospital. Appointments for examinations or treatment may be made at the office or with Dr. Charles E. Treble, who will personally supervise all work done in the department of rontgenology.

A new appointment is that of Major Edward Cooper Cole, of 103 Gloucester Street, Toronto, to the command of the Military Hospital at Witley, England. He originally served with No. 2 General Hospital, going overseas with the First Contingent, but transferring later to the P.P.C.L.I. as medical officer. He was wounded in February, 1916. After returning from leave in Canada the following summer, he was for a time on the standing Medical Board in London, and afterwards became president of the Bramshott Medical Board. Major Cole graduated from University College in 1905, and taking his M.B. two years later was a member of the staff before going overseas.

Obituary

RICHARD ANDREWS REEVE, B.A., MD., LL.D., F.A.C.S., F.R.C.P. & S., KINGSTON

A STRANGELY unique and striking personality crossed the bar at the noon of night on Monday-Tuesday, 27th-28th of January. When he suddenly came upon "the unpermitted Ferry's flow," Charon's bark was ready and forthwith he crossed the bourne which divides ethereal from "shadow-casting men." Who can doubt the "Well done" welcome on the farther shore? None who *knew* the man while yet he wore the mask of personality.

Dr. R. A. Reeve was born in Toronto, in a house still standing, immediately opposite his last residence in Bloor Street East, in 1842.

He began his secondary education in preparatory classes conducted in Cobourg by Victoria College, and he always was a precocious pupil, and early passed to University College, where he met James Loudon, fresh from Upper Canada College, and began a lifelong friendship. Loudon went out in Classics and Mathematics (with a gold medal) and Reeve in Natural Sciences (with a silver), so they were not rivals in their undergraduate course; but both developed a plumbless depth of love for alma mater which made them rivals in her service to the end of their lives. In the University Council and in the Senate they continued in later days as champions of all academic courses, co-operant to the highest ends. They graduated in 1862. Loudon spent his life within the cloister, filling every post in turn from undergraduate to President. Reeve's choice "was not the shelter but the fray," and he passed into medicine, taking his course in Queen's College, Kingston, where his brother-in-law, Dr. Michael Lavelle, who became Professor of Midwifery, resided. Here he took his M.D. in 1862, and after spending a couple of years as house surgeon, was elected

a Fellow of the Royal College of Physicians and Surgeons. In 1867 he joined another brother-in-law, Dr. Abner M. Rosebrugh, as assistant surgeon to the Toronto Eye and Ear Infirmary, and thenceforward devoted himself to the specialty in which he rose to such eminence and distinction. The year 1872 found him lecturing on the Diseases of the Eye and Ear in the Toronto School of Medicine, and through it he passed on the amalgamation in 1887 into the immediate service of the University as Professor in that department, and so continued until his resignation four or five years ago. About the same time he entered the service of the Toronto General Hospital, and there ran a concurrent and parallel course. For many years he was the undisputed head of his specialty, and he never ceased to keep abreast of medical progress in all its departments. His general training had been many-sided, and he retained a capacity to comprehend and feel an interest in progress on whatever lines. When for a time in the Toronto School of Medicine a teacher in chemistry was required, he manfully stepped into the breach and filled the gap. The mutual relationships of his specialty and general medicine he never forgot, and so safeguarded in the highest degree the interests of his patients. As an operator Dr. Reeve had few equals, as the writer's personal experience in many cliniques attests, and he has also heard many of the leading ophthalmologists of the day, both in America and abroad, acclaim him as a peer, and oftentimes as *Primus inter Pares*.

Amongst Dr. Reeve's honorary distinctions should be mentioned M.D. Tor. (*ad eundem*), 1899; LL.D.Tor., 1902; LL.D. McGill, 1911; and LL.D.Birmingham, 1911 (the same day as Mr. Lloyd George); the F.R.C.P.&S.Kingston, in 1866. He was also a Foundation Fellow of the American College of Surgeons. He was elected Dean of the Faculty of Medicine in 1896, in succession to Dr. Uzziel Ogden, and remained so until 1908, when he resigned. He was the second president of the Alumni Association of the University of Toronto, and was re-elected ten or twelve times. He was the prime mover and practically the founder of Convocation Hall, and he established the Reeve Scholarship in the University. He was a member of the Council and of the Senate of the University of Toronto,

and of the Board of Regents of Victoria University. He was a member of a great number of medical and scientific societies, and was Past President of the British Medical Association, of the Canada Medical Association, and of the Academy of Medicine.

Dr. Reeve was a son of the late W. R. Reeve, of Toronto, and a brother of the late Principal of the Law School of Osgoode Hall, descendants of a Yorkshire family which gave a distinguished jurist to the Common Law Bench of England. He is survived by one brother, an octogenarian physician of Florida, U.S.A., and by two sisters, Mrs. A. M. Rosebrugh, of Toronto, and Mrs. Michael Lavelle, of Kingston, the mothers of distinguished sons. To these the sympathy of the profession goes out in fullest measure and in fraternal pride.

Eminent and supremely useful as Dr. Reeve's professional career was, it is the character of the life and of the man which commands our highest admiration. High professional attainments and success in life are within the reach of many. But to wear unchallenged throughout three-quarters of a century the white flower of a blameless life falls to the lot of few. The cardinal virtues, alike of the pagan and of the Christian group, Dr. Reeve embodied in an eminent degree; and such was his consideration for others and sweet reasonableness of disposition that he had no enemies and no detractions save "such as patient merit from the unworthy takes." Truly, "the elements were so mixed in him that Nature might stand up and say to all the world, 'This was a man.'" He had a horror of anything savoring of unconventionality in a professional or a social sense, and his native modesty compelled him to avoid display or the attraction of attention; "the loud impertinence of fame" he was "not loathe to flee," while the amenities of life were his delight. He was a deeply religious man, but by no means an obtrusive one being content on all occasions "to let the deed speak." There was nothing austere or self-righteous about his religion; and if the love of God had not blest him, it would have been the love of his fellow-man. And as he walked in probity and charity, in conscientiousness and equanimity, in humility and justice, his ordered life confessed the saint but not the eremite. Self-reverence, self-knowledge, self-control,

were his in a high degree; and he was infallibly obedient to the voice of duty and self-sacrifice whenever it gave utterance, however small and still.

"From soilure of ignoble touch he was grandly free."

His view of life was eminently sane;
And he preserved from chance control
The fortress of his 'stablisht soul;
In all things sought to see the whole;
Brooked no disguise;
And set his heart upon the goal,
Not on the prize.

Chivalry was an outstanding feature in his intercourse with men and especially with women, being himself as "Launcelot brave, as Galahad clean."

As the full stream of his life flowed on a great, unruffled, pellucid river

"Seemed like his genius typified—
Its strength, its grace,
Its lucid gleam, its sober pride,
Its tranquil pace."

Suddenly it comes to the verge of a mighty precipice and disappears from sight, no doubt with other, nobler work to do, and other greater mills of God to turn, or to distribute transformed energies of power beyond our ken.

"'Tis human fortune's happiest height to be
A spirit melodious, lucid, poised, and whole;
Second in order of felicity
I hold it, to have walk'd with such a soul."

I. H. C.

Dr. Andrew Culloden Panton died at his home at Portland, Ore., on January 18th, of pneumonia. He was in his sixty-fourth year and was a graduate of Trinity Medical School, Toronto, having practised in Portland since 1884. He did post-graduate work in New York, London, Paris and Vienna, and was prominent as a surgeon.

The Physician's Library

Gynecology. By William P. Graves, M.D., Professor of Gynecology at Harvard Medical School. Second edition, thoroughly revised. Octavo volume of 833 pages with 490 original illustrations, 100 of them in colors. Philadelphia and London: W. B. Saunders Company. 1918. Cloth, $7.75 net. The J. F. Hartz Company, Limited, sole Canadian agents.

The author says that "this work is designed both as a text-book and general reference book of Gynecology." He therefore adopts a special classification of the subject matter into three distinct parts:

Part I deals with the physiology of the pelvic organs and with the relationship of gynecology to the general organism. The latter subject is a special feature of the book and deals with such subjects as the relationship of gynecology to the organs of internal secretion, the mammary glands, the skin, the organs of sense, the digestive tract, the organs of respiration, the blood, the organs of circulation, the nervous system, the sex impulse, the neighboring organs, the gall bladder, the peritoneum and omentum, the bones and joints, and the acute infectious diseases.

No space is taken up with the discussion of the anatomy of the female organs.

Part II is designed primarily for the undergraduate student. The main subjects discussed are: Special inflammatory processes, general inflammatory processes, new growths, defects of development, malposition of the uterus, injuries due to childbirth, special gynecological diseases such as ectopic pregnancy and dysmenorrhea, and general symptomatology in gynecology.

Underlying pathologic processes are enumerated, but

tedious descriptions of microscopic detail are absent. Excellent original drawings and other drawings from microscopic sections (of which there are 123) illustrate the various diseases.

Part III is devoted exclusively to the technic of gynecologic surgery. The descriptions of operations are succinct and clear, while the pictures illustrating their performance are numerous, original and well executed.

From the fact that the subject matter of the book is carefully selected, and that the book is well illustrated, well written and well published, it is undoubtedly one that will prove of value to the undergraduate student, to the advanced special student and to the general practitioner.

Surgical Treatment.—A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery. By James Peter Warbasse, M.D., Fellow of the American College of Surgeons, American Medical Association, American Academy of Medicine, New York Academy of Medicine; Surgeon to the Wyckoff Heights Hospital, Brooklyn, N.Y.; formerly Attending Surgeon to the Methodist Episcopal Hospital, Brooklyn, N.Y. In three volumes, with 2,400 illustrations. Volume II. Philadelphia and London: The W. B. Saunders Company. Sole Canadian agents: The J. F. Hartz Co., Limited, Toronto. 1918.

But a few weeks ago we took occasion to review volume one of this excellent work, and the comments we then made are more than justified since we have had time to look over the succeeding volume recently to hand. The work consists of three volumes in all, with 2,400 illustrations. The second of the series is devoted to treatment of Injuries and Diseases of the Head, including: The Scalp, The Skull, The Eye, The Nose, The Nasopharynx, The Larynx, The Mouth, The Ear, The Spine and The Neck; The Thorax; The Breast, and The Abdomen, including The Abdominal Wall, The Periotoneum, The Intestines, The Stomach, The Pancreas and The Spleen. The surgeon will find Dr. Warbasse's "Surgical Treatment" one of the most complete contributions to modern surgery that has been put into print.

FOOTWEAR AND HEALTH

Constance E. Hamilton.

Disraeli said many years ago, "Public health is the foundation on which reposes the happiness of the people and the power of the country."

When we realize the value to our country of individuals with well balanced and morally developed bodies, it becomes a duty to inform ourselves upon the functions of the body in order to keep it healthy. The foot has, through lack of information, been neglected and its functions abused, although it is an important part of the body—as finely constructed and adapted to its particular function as the hand, the eye or the ear.

What do we do to our feet?

We raise them upon heels of such a height that they cannot balance the body as they are made to do, and we cramp them into such narrow boots that the muscles and joints are unable to have free play for carrying and moving the body.

Not only do we prevent the natural use of the foot, but by the present-day fashions we create disturbances of general health and many pains and discomforts.

Narrow pointed boots and high heels are the authors of hammer toes, bunions, corns, weak muscles, falling arches, many of the backaches from which women suffer, and much of the eye strain and nervous irritability.

The Paris (France) Academy of Medicine is so impressed by the effects of high heels upon the health of women that it has made an appeal to the public to end this injurious fashion.

On the grounds of safety, high heels also are an evil, as is proved by reports from the United States, stating that during the year 1916, 1,149 people were killed and over 4,000 crippled from falling downstairs while wearing high-heeled shoes.

National efficiency and security have also been affected. According to one authority, "Sufficient men were rejected among the Canadian forces to form several battalions, on

account of bad feet," while the American Museum of Safety states that 90 per cent. of the civilian population have feet more or less deformed, resulting in lessened efficiency, and one child in every five in the high schools in New York was found to suffer with weak arches practically all due to tight shoes.

On the other hand, it has been shown that the feet of all non-shoe-wearing races are perfectly normal and symptomless.

The fact of the matter is that while we cannot do without shoes in this country, we can at least see to it that our shoes do not cause injury to health. We have got this foot matter all wrong, and our shoes are of wrong shape, they offend nature, they torture us, they cripple us.

A little thought will convince anyone that strong and useful feet are absolutely essential to good health and active life, and a determination to have shoes which will fit the natural foot will result.

If the public will demand a sensible shoe then the manufacturers will supply it.

We take this opportunity of extending heartiest congratulations to our esteemed confrere, Dr. Herbert A. Bruce, who will reach Toronto with his bride in the course of the next few days. Dr. Bruce was married in London on February 3rd, to Miss Angela Hall, of Upminster, Essex, daughter of Henry B. Hall, manufacturer. The marriage took place at St. Margaret's Chapel, Westminster, and was exceedingly quiet, no invitations having been issued. The ceremony was performed by Archdeacon Carnegie. The honeymoon was spent at Lord Beaverbrook's country home, at Cherkley, Surrey. Dr. Bruce has now been absent for the second time from Toronto for almost one year, and we know the profession will welcome his return to Canada.

Publishers' Department

MUCO-MEMBRANOUS COLITIS

Edwin Leonard, M.D. (Harvard).

Muco-membranous Colitis is observed generally in women of abnormal nervous organism and constipated habit, between the ages of twenty and forty-five. Reflexly, the constipation causes over-activity of the motor and secretory fibres of the colon, with painful spasm and excessive secretion of mucus resulting.

Emotional excitement may induce an attack at any time, or an attack may continue indefinitely. A dull ache is constant, colic is intermittent. Pain is usually situated in the left flank and iliac fossa and above the pubes; less often it is felt in the caecum and ascending colon, which are firmly contracted. During an attack, constipation is more severe. Relief is obtained by exacuation of feces and membranes or of the latter alone.

Diagnosis is simple if the stools be seen, the presence of membranes making it positive. In some cases it is necessary to irrigate the colon before examining the excreta. However closely the attacks of pain simulate biliary colic or appendicitis, diagnosis is clear when the membranes are passed.

The disease is very chronic; recovery generally follows if treatment be begun in the early stages; in long-standing cases when improvement occurs, there is always likelihood of relapse. The disease, in itself, does not shorten the patient's life.

The two predisposing factors—the abnormal condition of the nervous system and constipation—must be given attention. Moderation in all things is essential. Excitement and overwork must be avoided. Sufficient exercise in the open should be taken every day. A hobby that will occupy the patient's

mind and divert attention from the physical condition is useful. A generous mixed diet gives best results.

It is most important at the beginning of treatment that every trace of fecal matter be removed from the colon, and for this purpose nothing equals Castor Oil—preferably the preparation known as Laxol, because of its extreme purity, freedom from acrid matter, and protection against rancidity. Once the colon is empty a re-accumulation of feces must be prevented and is most successfully effected by aperient doses of Laxol given with such regularity as individual cases require.

Enemata of soap and water, antiseptics and astringents, are contra-indicated in all cases, because they tend to irritate the mucous membrane and thus aggravate the condition.

It is worthy of the physician's special notice, that the ordinary bulk Castor Oil found in the drug trade, is not produced or kept under conditions that warrant its indiscriminate employment; certainly, in highly inflamed and sensitive states of the intestine, where the use of pure Ol. Ricini is of undoubted service, neglect to discriminate and specify can hardly be justified. Laxol is pure Castor Oil, properly produced, perfectly protected and palatably prepared for use in any and all conditions where indicated.

FREE IODIN: ITS POWERS AND POSSIBILITIES

By J. E. Mace, Ph.G.
Managing Editor "Pharmacal Advance."

Elemental Iodin is irritating, hardening, desquamating, but nevertheless the most valuable external therapeutic known; a wonderful antiseptic, absorbent, resolvent and local stimulant. Physicians are so familiar with the disadvantages of the drug as ordinarily presented, that its use is highly restricted, though frequently indicated. How many problems of local remedial medication would be solved by the application of free Iodin, were it divested of its many and manifest drawbacks?

Iodin is not easy to dissolve and the solvents in common use cannot be said to modify its undesirable action; indeed, they appear to either add to it or detract from its therapeutic value. Alcohol hardens the skin; potassium iodid irritates, especially

when applied to mucous surfaces, yet with these solvents, free Iodin in its commonest available form has been employed for years. Tincture Iodi applied to the skin forms an impermeable layer upon which further coats can do little more than cause local irritation.

Colorless Tincture of Iodin was received as an improvement, because in its use staining of the skin and destruction of tissue were supposed to be avoided. Its Iodin, however, is not free, but in chemical union with an ammonium or sodium base and has been proved to be practically worthless in therapy.

The sphere of free Iodin's usefulness in practice is almost limitless; rid it of its characteristic detractions and it becomes an ideal antiseptic for the treatment of ulceration; an antiparasitic of the greatest utility in many skin lesions; an absorbent for the reduction and dispersion of glandular enlargements, that may be used to effect, without need of temporary suspensions of treatment; a banisher of specific rashes; a prompt resolvent of gummata; an inhibitor of septic inflammatory processes—and so on.

Iodin is an element and as such is, in itself, incapable of change; by mechanical manipulation and a suitable menstrum, it has, however, been divested of every untoward quality and made available for use in any and every indication with impunity.

Iodex is the distinguishing name by which the ideal preparation of pure free Iodin (for external use) is known.

Iodex is coal black in color, yet does not stain the skin; it is quickly absorbed under gentle but thorough rubbing with the hands and never produces irritation, hardening, desquamation or other undesirable sequele. Possibly the best proof of its entire freedom from the disadvantage of free Iodin as hitherto available, is found in the successful use of Iodex in rectal and vaginal treatment; even in cases presenting acute local inflammation with great tenderness and sensitiveness, Iodex, freely employed, is bland and soothing.

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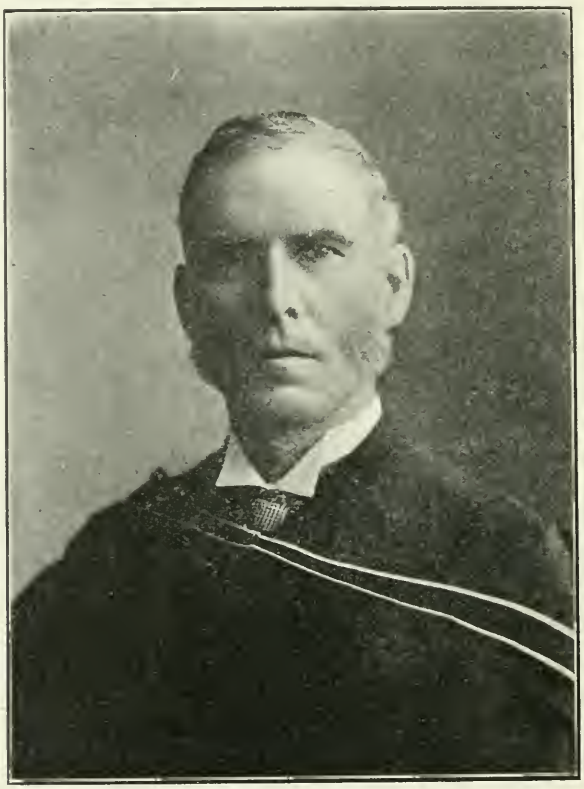
Editorials

RICHARD ANDREWS REEVE, B.A., M.D., LL.D., F.A.C.S., F.R.C.P. & S., KINGSTON

A STRANGELY unique and striking personality crossed the bar at the noon of night on Monday-Tuesday, 27th-28th of January. When he suddenly came upon " the unpermitted Ferry's flow," Charon's bark was ready and forthwith he crossed the bourne which divides ethereal from " shadow-casting men." Who can doubt the " Well done " welcome on the farther shore? None who *knew* the man while yet he wore the mask of personality.

Eminent and supremely useful as Dr. Reeve's professional career was, it is the character of the life and of the man which commands our highest admiration. High professional attainments and success in life are within the reach of many. But to wear unchallenged throughout three-quarters of a century the white flower of a blameless life falls to the lot of few. The cardinal virtues, alike of the pagan and of the Christian group, Dr. Reeve embodied in

an eminent degree; and such was his consideration for others and sweet reasonableness of disposition that he had no enemies and no detractions save "such as patient merit from the unworthy takes."



THE LATE DR. R. A. REEVE, TORONTO

Truly, "the elements were so mixed in him that Nature might stand up and say to all the world, 'This is a man.'" He had a horror of anything savoring of unconventionality in a professional or

a social sense, and his native modesty compelled him to avoid display or the attraction of attention; " the loud impertinence of fame " he was " not loathe to flee," while the amenities of life were his delight. He was a deeply religious man, but by no means an obtrusive one, being content on all occasions " to let the deed speak." There was nothing austere or self-righteous about his religion; and if the love of God had not blest him, it would have been the love of his fellow-man. And as he walked in probity and charity, in conscientiousness and equanimity, in humility and justice, his ordered life confessed the saint but not the eremite. Self-reverence, self-knowledge, self-control, were his in a high degree; and he was infallibly obedient to the voice of duty and self-sacrifice whenever it gave utterance, however small and still.

" From soilure of ignoble touch he was grandly free."

> His view of life was eminently sane;
> And he preserved from chance control
> The fortress of his 'stablisht soul;
> In all things sought to see the whole:
> Brooked no disguise;
> And set his heart upon the goal,
> Not on the prize.

Chivalry was an outstanding feature in his intercourse with men and especially with women, being himself as " Launcelot brave, as Galahad clean."

As the full stream of his life flowed on a great, unruffled, pellucid river

"Seemed like his genius typified—
Its strength, its grace,
Its lucid gleam, its sober pride,
Its tranquil pace."

Suddenly it comes to the verge of a mighty precipice and disappears from sight, no doubt with other, nobler work to do, and other greater mills of God to turn, or to distribute transformed energies of power beyond our ken.

"'Tis human fortune's happiest height to be
A spirit melodious, lucid, poised, and whole;
Second in order of felicity
I hold it, to have walk'd with such a soul."

I. H. C.

LAST WORDS OF DR. REEVE

DURING the last few weeks of Doctor Reeve's life he became actively interested in the construction of a medical department in the Union University (Interdenominational) of West China at Chengtu, Dr. Chas. Service, B.A., a returned medical missionary, having pointed out to him the need of an institution in which young Chinese might be taught medicine and dentistry. There are 100,000,000 Chinese in that district who have now the same medical service as the whole population of Canada would have were there but three doctors to minister to us—one, say, at Winnipeg, one at Montreal, and one at Toronto. Doctor Service pointed out that the occasional medical man like himself, sent out by various religious

organizations to minster to the medical needs of China, was hopelessly inadequate—that ten thousand medicos would not be too many. The solution of the problem would be to teach the Chinese themselves medicine, dentistry and nursing.

Though already doing too much for one of his advanced years (seventy-seven), Doctor Reeve convened at the York Club a representative committee of medical men and dentists to hear Doctor Service and associate (Doctor Kelly) describe the terrible need in China and the puny effort now being made to cope with it.

Following the recital of the conditions and the needs, the committee proposed that an appeal be made to the doctors and dentists of the Dominion to assist in the building of the Medical School, providing permission could be obtained from the Board of Governors of the University. Consent was thankfully conceded. Doctor Reeve called several meetings of a sub-committee appointed by the larger body first summoned at the York Club, and arranged meetings at Kingston, Montreal, Peterboro, Hamilton, Stratford and London, where Doctor Service unfolded his plan for the founding of the Medical College.

On the evening of January 27th, the undersigned, secretary of the provisional committee, called on Doctor Reeve respecting the project—his last visitor. Passing out into the hall, long-distance London rang Doctor Reeve with reference to the London meeting arranged for Doctor Service—his last telephone conversation. He then hastened to the Uni-

versity to discuss a fitting memorial to University men who had fallen at the front; and just prior to bidding a last farewell to President Falconer, Sir Robert informs me, Doctor Reeve spoke to him of the Chinese Medical College project, and expressed apprehension that the attempt to raise the money for it might embarrass the canvass for the Memorial.

Doctor Reeve then walked toward a corner for a street car to bear him home—and fell.

His committee has since met and passed a resolution in favor of " carrying on." The object is to raise $100,000—a very large undertaking. Two doctors?

It has been suggested that the institution be called "The Richard Reeve Medical School." What more fitting memorial? And what better name could it have?

J. N. E. B.

LAURIER AND REEVE

THE casual observer may see something incongruous, perhaps even ludicrous, in the association of the name of a statesman who was not only a great national figure, but who was also, on many occasions, an outstanding figure amongst the greatest statesmen of the Empire, with that of the quiet, unobtrusive physician. The contrast, in their respective spheres of action, viewed from the standpoint of publicity, reveals one as the very antithesis of the other. The statesman was always in the " fierce light " of public

opinion. Friend and foe—if anyone could be ignoble enough to be such—orator and scribe, could alike exploit their "powers" in praise or censure; whereas the work of the physician in the seclusion of the office, at the bedside of the sick, at the hospital clinic, or in the "regal seat" of the professor, was either too sacred or too technical for publicity. The contrast between these two men in their lifework was certainly very great, yet more striking by far were the points of similarity in personality, in character, and in their ideals.

Laurier and Reeve alike possessed a unique personality. The most casual acquaintance made a lasting impression. Four or five decades have left the impress of the first meeting as vivid as if it had happened but yesterday. The courtly manner, the culture, the intellectual acumen, the bright, refined humor, the innate modesty—all made an irresistible appeal to head and heart. You might conscientiously combat their opinions, but you could never challenge their intelligence, sincerity and honesty of purpose. An episode in each life may be recalled. Sir Wilfrid's attitude toward the Military Service Act was not that of most of his followers, but the separation was most painful to all. When Doctor Reeve resigned the presidency of the Academy of Medicine a pang of pain went through the heart of every "Fellow" present at the meeting. Any "break" with such men as Laurier and Reeve must of necessity be absolutely painful.

Laurier and Reeve were wonderfully alike in their conception of service. The medical journal, very properly, holds itself aloof from mere partisan plaudits, but its columns are always open to cheer any worthy effort to improve national life. These two were pre-eminently men of vision and of faith. They saw a great future in store for their country and for the city in which each lived. To their country —each in his own sphere—they consecrated a life-long service. In the great problems confronting the state, and in the science and art of medicine, no other voices sounded a clearer or truer note, or were listened to with greater attention. The blindly partisan and the pessimistic might "wag their heads," but the patriot and the optimist were always impressed.

Laurier and Reeve were exactly alike in the way they ran their long and strenuous lives. How they put to shame that large class of men who, when their ambition has been gratified with office, forthwith become "slackers and shirkers." They are seldom or never seen again at the meetings. These two men went past their last mile-stone in their life's journey "going strong"; yes, "setting a pace" that kept men not half their age busy keeping in step, so great were the forward strides of these veterans. Younger men never found Laurier or Reeve blocking their way to success—they never felt that they could fill their place. The leadership of the veterans was never disputed until the "grim destroyer" struck his fatal blow.

What were the ideals of Laurier and Reeve? The message of the former to the students of the University may be accepted as a true index of their ideals. It is as follows: " My young friends, go out into the world to service. Make the highest thought of service your inspiration. Problems there are—big problems. To-morrow, the day after to-morrow, it will be your turn to grapple with them. Serve God and your country. Be firm in the right as God gives you to see the right. You may not always succeed. Progress is often punctuated with reverses. You may meet reverses—but the following day stand up again and renew the conflict, for truth and justice shall triumph in the world." Like Moses, their vision was undimmed by age. They saw a great future for Canada, for Ottawa, and for Toronto unfolding itself and, like the heroic soldier, they gave their lives to secure the realization of their ideals. In death both alike are deeply mourned. A nation and a profession pay homage to the worth of their great leaders.

What can be learned from such lives?

The potentiality, first, of character. These men were true to themselves, to their innate virtues, and always commanded respect and esteem. Second, of efficiency. Many eminent seats of learning adorned their honor roll with the names of Laurier and Reeve —such were the breadth of their culture and their intellectual acumen. Third, of courage. These men were like the ancient mariners who were asked:

"Where is the shore to which the ship would go?
Far, far ahead is all the seamen know.
Where is the port from which she sailed away?
Far, far behind was all they had to say."

Fourth, of courtesy. These men, in manner, language, and in dress wore all the "hall" marks of refined gentlemen, and thus won the confidence of every reputable man. They could always meet their fellows—"sans peur, et sans reproche." J. H.

Original Contributions

THE BRITISH MEDICAL ASSOCIATION, TORONTO, 1906

*THE PRESIDENT'S ADDRESS

By Richard A. Reeve, M.D.

I thank you, first of all, for the honor of the office which I have been called upon to fill. The thought of such a thing never came to me in dreams by day or visions of the night; and if it had taken shape, it would have flitted from the mind as one scanned through the vista of years the long roll of men of high repute who had sat in this chair. One could not but feel that the success of the Montreal Meeting was warrant for this venture. I must avow at the outset that any credit, for such success as may attend the second visit of the British Medical Association to Canada,—and the prospects are bright—must rest largely upon those who have freely given most valuable help in various ways. One need hardly add that it has been indeed a labor of love to bring from their posts of duty and busy round in the old home-land the select and elect of our profession. We greet and welcome you not only for your own sakes as men whose names are already household words, or doubtless soon will be, but as worthy sons of worthy sires. For if Bacon, Shakespeare, Newton, Faraday, Kelvin, Clerk, Maxwell, J. J. Thomson and the other lights of literature, science and philosophy in the British firmament were blotted out there would only be a partial eclipse, for would not Hunter, Harvey, Sydenham, Jenner, Simpson and Lister present a resplendent galaxy?

*Published at the suggestion of several of Dr. Reeve's professional friends, who thought it would be of interest now that the author has been removed from our midst.

Our gathering to-day is in a sense—limited it may be,—a cosmopolitan one. International comity has always prevailed in our Profession. Disease knows no distinction of country or race and is the common lot of humanity. In the face of an ubiquitous foe it is natural that mankind should be as a unit in defense, and that the confraternity of the Healing Art should be undivided. In recognition of English talent and experience on the part of the late Emperor of Germany, and by the British Sovereign in the case of that master of the Science and Art of Bacteriology, Koch; and the action of the United States in calling to its councils British experts in Tropical Medicine upon the threatened invasion of yellow fever—these are graceful and forcible proofs in point. And we are glad in obedience to the unwritten code and by means of this gathering to cement the tie that already binds the great Anglo-Saxon people and those of the lands of professional culture and erudition, France and Germany. Our confrères from the United States delight to honor the names of Physick and Rush, Wood and Warren, Biglow and Bowditch, Alonzo Clark, Flint, Weir, Mitchell and others, and yet I am sure they are not one whit behind the Briton of Britons here to-day in their respect for the great men of the British School from Harvey to Lister, who have laid the world under tribute. We in turn delight to honor Laennec, Bichat Corvisart, Trousseau, Charcot, Pasteur, Vals, Langenbeck, Virchow, Billroth and Koch.

The Association, which has just met on this occasion, for the second time in its history outside of Great Britain and Ireland, was founded in 1832, in Worcester, and had a membership of 140. It was re-organized in 1856 and took its present name. It has now a membership of 20,000, grouped in many divisions and branches in the old country and in various parts of Greater Britain. We have with us an honored member from Egypt and one from New Zealand.

The Journal which is published under the aegis of the Association takes rank as a leading exponent of the thought and researches of the profession and the practice of the healing art. It forms a strong bond of union amongst its members who rightly value it as a depository of knowledge and a most useful medium for the exchange of opinion and the discussion

of live topics that concern the profession and the public. The Editor may well felicitate himself upon the weight of its influence in moulding public opinion and in safeguarding the interests of the profession. Those who recall the Crusades of the antivaccinationists and antivivisectionists will agree that the journal is at once a faithful sentinel and a doughty champion.

It would be interesting, did time permit, to trace the growth of this great organization from its early days to its present commanding position. But I must at least call attention to an incident of the first meeting, which explains much of the valuable work done in these years: Steps were taken to secure special studies on Anatomy and the Chemistry of the animal fluids. The researches on these subjects reported the next year were the first of a long series made under the auspices of the Association, which so far has given of its funds about $70,000.00 to meet in part the expense involved. This feature of the Association's work forms a bright chapter in her history and is in marked contrast to the apathy and lack of support of the Government whose attitude in this regard has often and to so many seemed unintelligible. Nothing seems more certain than that money spent in such a cause yields a thousandfold return, or more. The work of Pasteur, Lister, Koch and others proved not only a vast boon to man and beast but a grand object lesson to mankind, and recent years have seen the result in princely gifts in the interests of Science and Humanity. Scientific Medicine cannot fail to profit largely, for Medicine as a Science does not stand alone. It rests upon biology, physiology, chemistry, physics, psychology, etc. And the various laboratories that now exist or are to be in the near future, mark the dawn of even a brighter era, let us hope, than the brilliant epoch of the last ten or twenty years. There is yet much to be done ere the millennium comes. True, nursing has become a fine art, diphtheria has been largely robbed of its terrors and though rampant is curable; the mortality of typhoid has been reduced one-half; but the fatality of cancer has steadily increased; the white plague stalks through the land, and the death rate of infants owing mostly to intestinal troubles is still very high and not on the decrease.

Indeed, without being pessimistic, one might almost surmise with what surprise old Hippocrates would rise and rub his eyes as he inquired What! is there any sickness left and can you not cure every one yet? One thing this hoary sage would perhaps not know, the masses of mankind require to be protected against themselves. One almost feels as if the hands had gone back on the dial of the world's progress when one recalls that at Jenner's centenary the city where his method of vaccination had come into vogue was in the throes of an epidemic of small-pox due to neglect of his great discovery. Public opinion of course, stands for what men think, or others think for them, and there is yet ample scope for State Medicine to ply its persuasive powers until men think aright about matters which affect the wellbeing of the community,—when the presumed welfare of the individual shall not stand against the weal of masses. Unfortunately, none are so blind as those who will not see. This is too often the crux; and it would seem that in the matter of vaccination people deliberately close their eyes to the plain force of facts and cherish the delusion "better bear the ills we have than fly to others that we know not of." Compulsory vaccination seems to many a hard knotty problem, but what it has done in Germany it can do the world over and the dictates of wise prudence and the lessons of ample experience prove conclusively that it should be enforced.

The work of the past decade has given the profession itself some new ideas in regard to the mechanical and the chemical processes of digestion. New laboratory methods by Cannon of Harvard and Pawlow of St. Petersburg have cleared up some moot points. That the stomach is a receptacle and a sort of churn is old news but that the first part is a mere receptacle and the other a kind of "mill", which is perforce the more common seat of mischief requiring surgical treatment, may not be.

Time has but served to emphasize what has now been shown by extensive research, the value of thorough mastication and the avoidance of mental states which would divert nervous energy and interfere with digestion by cutting off the "appetite" juices, as shown by Pawlow's studies.

A notable work embodying the basis of a change of faith and a new practice is that by Chittenden of Yale, on "Physiological Economy in Nutrition." Too much food not only means loss of vitality in the disposal of it but entails a positive risk from the resulting poisons (toxins) ere these products of metabolism are finally got rid of. Chittenden has shown that one-half or one-third of the nitrogenous (protein) food ordinarily taken suffices and of course imposes the minimal tax upon liver, kidneys and digestive tract. This economy is therefore a real and not a fictitious thing, at once wise and provident. Much of the joy of living depends upon a good digestion, and in these days of wear and tear and carking care the less of useless work to be done because of faulty diet, the more of energy to spare for life's duties. Chittenden urges the importance of a fuller knowledge of dietary standards which as he points out are "altogether too high." It has been shown by Lauder Brunton, Minkowski, Vaughan, Novy and others that various nitrogenous waste products the result of proteid katabolism, as Creatin, Creatinin, Xanthin, Adenin, etc., in fact the various leucomaines, ptomaines, etc., are toxic in their effects. And then, the uric acid of which we hear so much, whatever its genesis endogenous, exogenous or synthetic—or its actual rôle in the economy, it is safe to say there will be the less formed and requiring excretion the less proteid or nitrogenous food is taken. And though we cannot deny that rheumatism, at least the acute, is due to the agency of a special microbe with its specific toxin, doubtless the congenial soil for its operation may be greatly reduced as just indicated. In this day there should be some boon for the legions of rheumatic subjects, which they are denied. Not so deadly as the white plague, rheumatism causes much more pain and misery in the world than tuberculosis. The question of nutrition concerns all mankind. The right food for infants and adolescents is of more moment than for adults, and the wise physician will not forget that the young are apt to err in ignorance or be sinned against while older folk are wont to transgress in spite of light. It will be well when the teachings of the laboratory and College Halls have become common property. There will be then more plain living and high thinking and less repining on

the part of the masses on account of their enforced moderation. Whether we will or no people will try to meet their own need as to food and physic in what they think is the best way. It is the duty of the profession to show that nature's laws rightly interpreted and adopted are the only safe guide to good living—not men's whims, fads and fickle appetites or ingrained habits; and that much of the money that goes for patent foods as well as the millions spent on patent medicines (so called) are, as a rule, miss-pent. Thirty-five per cent. of all the deaths are under 5 years; a large proportion of the infants and other very young folk who die would be saved if properly fed; proper food and hygiene are the hope of future generations. There is a great field for missionary work by the profession.

The furnishing of clean pure milk to communities is one of the greatest boons to humanity of recent years. Pediatric Societies in the United States have done good service in this regard through the agency of certificates, and the example is a good one. There are many infants' foods, and let us hope, not a few of these good ones, but there are some which are not. So-called meat extracts for example, have little nutritive value. And the need of care is shewn by the warning of Sir Thomas Barlow given in '94, that "condensed milk" or even sterilized milk is not an efficient substitute for the natural food of the infant, and that infantile scurvy may be caused by their sole use. And animals have been found to rapidly die when fed on a mixture of all the supposed constituents of milk. There is an "unknown quantity" even here.

The past decade has been marked by an increase in the debt medicine owes to physiology and physiological chemistry and by a sense of the growing importance of the latter, which on account of its recognized status and value is now made a subject of study in the course in medicine. The bio-chemistry of the cell and its nucleus goes on apace and many of the pretoids can now be prepared in a purely crystalline form; shewing the great complexity of the living proto-plasmic molecule. I may be pardoned for saying that it would be strange indeed, if the rightful relation of physiology and physiological chemistry to medicine were ignored, when the head of the Department had done pioneer work of high order in this line.

As Prof. Newell Martin of honored memory long ago pointed out: "three great advances in medical thought were due to researches in physiology and biology, that (a) disease is the result of a change in the structure of some one or more material constituents of the body leading to abnormal action. (b) the establishing of the cell doctrine. that each one of us is made up of millions of little living units—each cell with its own properties and processes in health and disease—the basis of the epoch-making cellular pathology of Virchow and (c) the germ theory as to the causation of important group of diseases. To the last we owe already antiseptic surgery and the development of bacteriology and its practical bearing." He adds that though inflammation is the commonest and one of the longest studied pathological states we really *knew* nothing about it before the experimental researches of Lister, Virchow and Cohnheim; and that all we really know about fever is built on similar researches of Claude Bernard. The value of physiology to medicine is shewn in another light by a remark of Ludwig—"It is remarkable that a great proportion of all the physiological work of Great Britain has been done by men who have become successful hospital physicians and surgeons." We have proof that this very proper sequence has been kept up, in the person of one who is with us to-day and who has gained well-earned repute by his researches in physiology ere he had won his spurs as one of the leading surgeons of the day, respected on both sides of the Atlantic, Sir Victor Horsley. Prof. Osler, to whom the remark quoted was made, is an apt illustration on the other hand of a physician of the highest repute who first made his mark as a physiologist. So much to point a moral: Twenty years ago the cry was raised that there was too much science and not enough of professional training in the medical course. I doubt if that voices the sentiment of to-day. Is there not good ground for the belief that the time spent at Science as taught now should prove of peculiar and lasting value, that it gives the medico an abiding zest because he has a training and a grasp which keep him in touch with the scientific aide of medicine and put him on a higher plane through life. To

give a concrete example, the career of Sir Lauder Brunton supports this view.

So-called empiricism had its day and it is, in fact, not yet over, and no one can deny that with but little more than their five natural senses and the use of their wits, our forefathers in the profession gave the race, in their time, good service. And none to-day are more ready to pay their tribute than those whose researches and experiments, and whose good fortune it is to have many instruments of precision, give them the right to speak with authority. *Pari passu* with the growth of more exact knowledge of the causes and nature of disease has come perforce from the studies which have led to it, more faith in the native powers of the human body and in the value of the aid which can be given by nursing, dieting, etc. Perhaps this is why one who is the peer of any in the science of medicine should stay his hand when he comes to the art thereof and tell us that "the advanced school of the present, values a few well-tried medicines and certain of quality and action, as highly as ever, and, again, the modern treatment of disease relies very greatly on the old so-called 'natural' methods, diet and exercise, bathing and massage." It would seem therefore that practical medicine in so far as drugs are used has not quite kept pace with the knowledge of the causes and processes of disease. Per contra, *sera* are drugs, and one of them alone, the diphtheria antitoxin, has wrought a magic not seen since the days of the Great Healer himself. But to get the best results, later studies have shewn the importance of early resort to it for it is only the free toxins that can be reached. It is now found also that much larger doses should be used. They are much more effective and are innocuous, and not age but severity should regulate the dose.

That pneumonia is always a septicemia and its specific microbe always present in the blood, gives the clue to its prevalence and high mortality,—greater indeed than of yore, doubtless owing to the large and increasing percentage of dwellers in cities and towns. A protective and curative serum or "vaccine" as in the case of diphtheria or typhoid is the hoped for remedy. The discovery of a specific microbe in cerebro-spinal meningitis—which now and again becomes

epidemic and creates havoc; and of the mode of entrance of the infection by the nose and throat, and of the trial of repeated lumbar punctures and injections of diphtheria antitoxin,—with uncertain results, are features of interest in this serious malady, which, by the way, is not at all as fatal as some suppose. The occurrence of two great wars recently has given added interest to the study of the causes, and course of treatment of the various diseases, especially typhoid fever which prevailed amongst troops in former campaigns. In the Spanish war typhoid became epidemic in camps in both Northern and Southern States. "Infected water was not an important factor in the spread of typhoid fever in the national encampments of 1898," and again, flies were unquestionably carriers of infection, a fact of primary importance owing to some features of camplife.

Bacilluria has been cut short by urotropin.

A variety of fever, Paratyphoid, has been separated from the small group of typhoid infection simply because of the presence of a specific bacillus, (not the Eberth), for clinically the two are identical.

Here we find another sample of the role of bacteriology in fixing the identity of disease.

Of very great interest bacteriologically and of far-reaching import therapeutically, is the discovery by Wright and Douglass of the substances in the blood fluids, called opsonins which prepare the microbes for ingestion and digestion by the leucocytes (phagocytes) and that the serum acts upon the microbes (that is bacteriotropic) and not upon the leucocytes. By an ingenious comparative test Sir A. E. Wright gets what he terms the "Opsonic index," and by the "vaccine", which is prepared from cultures of the typhoid bacilli sterilized by heating for 10 to 15 minutes at 60 degrees C and which is injected subcutaneously, secures at least a modified immunity which may persist for at least two years. This method has been tried on a large scale on British troops in India and South Africa, and after a careful study of the results has been commended by the Secretary of State for War. Sir A. E. Wright has made a brilliant contribution to our knowledge of the mechanism of artificial immunization and a striking at-

tempt at the practical application of exact laboratory methods to the treatment of disease.

A most interesting, if not fascinating, chapter in the history of modern medicine is that of the role of protozoal parasites of the blood as the cause of specific fevers; and to the members of this association now enlisted in the Schools of Tropical Medicine of Liverpool and London is the credit largely due for the very important and most valuable results already accruing.

Major Donald Ross' discovery that Malaria is conveyed by mosquitoes, which act as an intermediate host, has not only led to successful measures to practically eradicate malaria with its attendant evils, but has given the clue to the cause of yellow fever, etc. The first positive proof that the stegomya was the carrier of the infecting agent of yellow fever was given when Carroll, in July, 1900, offered himself for a test experiment with a self-sacrifice worthy of all praise. He had a very narrow escape but Lazear of the American Commission and Myers of Liverpool lost their lives. That the labors and sad deaths of these heroic men were not in vain is amply attested by the remarkable vigor and success with which the recent plague was stamped out and the exemption secured by Havana and other pest-centres.

Preventive Medicine as the result of this decade's work alone gives sure promise of saving more lives and sparing more misery than could universal peace. Indeed, to give effect to its benign sway, is worthy the highest ambition of the greatest statesmen.

It is clear gain in any department of knowledge carefully to collect the facts or data and correctly group them. This requires a philosophic insight which dips far beneath the surface and searches out the origin and the hidden relations of things.

Here one must congratulate Prof. Adami upon the frame work of his devising in which rests a system that "is an ingenious combination of the strictly embryological and the histogenetic principles of classification." Each term employed implies not only the general histological characters of the tumor but also its origin from the germinal layers.

Adami sums up the state of our knowledge in regard to the all-important subject of inflammation:

1. In addition to the well-known rôle of leucocytes in ingestion and digestion of bacteria (Metchnikoff) there are substances which prepare the leucocytes for their work, e.g., Opsonins (Wright). Bacteria may also undergo destruction without phagocytosis. Here the bacteriolytic substance (Cytase) is liberated upon the death and breaking up of cells that are potentially phagocytic. It, however, cannot act without the intervention of a second intermediary body (fixateur) present in the medium.

Certain leucocytes secrete and discharge substances which, if not directly bacteriolytic, are preparatory and essential for the destruction of the bacteria.

In all organic enzyme action for the development of the complete cycle at least three factors are requisite.

As in the cross-section of some mighty tree nature has writ indelibly in annular rings the history of its early growth, be it of two or three thousand years, so that one can read as on an open page the infallible record reaching back through cycles of years. In the same way we can trace the growth of a tiny seedling in the dim past to the great growing tree of medical knowledge of our own day, whose leaves are indeed for the healing of the nations. What matters it if it be not yet quite symmetrical and show signs of vigorous growth at some past epoch and of a dormant state at others. If we can see scars which show that the hand of the faithful pruner at this stage or that in its growth did not spare the tree, but showed a purpose in the pruning, sap and vitality thus seemingly lost only gave strength and better fruitage to the other portions. If we can see that from time to time, and much of late, branches of other sort have been grafted into the essence of its life it is even now a thing of beauty which will not only live and grow, but be a joy forever.

*REMINISCENCES OF THE INTERNATIONAL MEDICAL CONGRESS OF 1881, LONDON, ENGLAND

By R. A. Reeve, M.D.

There were many notables present: The *London Lancet* spoke of the gathering at the opening as an "audience the like of which has never met before, and in all probability will never meet again in the lifetime of the youngest member present" Virchow, Langenbeck, Pasteur, Charcot, Koch, Volkmann, Esmarck, Küster, Brown-Séquard, Pancoast, Billings, etc., from without, and Sir James Paget, Sir William Jenner, Lister, Huxley, Hughlings-Jackson, Gullen, Jas. Hutchinson, etc., were in evidence: Of those in whom ophthalmic surgeons are specially interested, there were Donders, Snellen, deWecker, Galezouski, Leber, Panas, Landolt, Horner, Weber, Pagenstecher, Javal, H. Knapp, Bowman, (chairman), Critchett, Argyll Robertson, Bader, of Guy's, Henry Power, Brailey, Priestley Smith, Eales, of Birmingham, A Story, of Dublin, and various specialists (other than H. Knapp) from this side of the Atlantic.—Lucien Howe, of Buffalo, being one.

I may say that at the Opening (General) Meeting there were said to be 3,000 present. I had an excellent seat in the gallery, which enabled me to note the very large percentage of *bald* heads in the audience,—the bald truth. Sessions of the Section on Ophthalmology, presided over by Mr. Bowman, were held on six days.

The principal subjects discussed were: The Antiseptic Method in Ocular Surgery, by Prof. Horner of Zurich: "He cited the statistics of Noyes and Geissler *re* Cataract extraction as shewing a loss of 10.1 per cent. by the flap and 4.8 by the linear operation. He held that by strict antisepsis such as the prophylactic disinfection of the patient, operator and instruments, etc., and by antiseptic dressings after the operation we may hope to reduce the losses to 1.5 per cent." Prof. Reymond "insisted that in order to carry out Listerism in cataract-extraction the dressing should extend far beyond the orbital region and should be very accurately applied":—Galez.

*Read before the Academy of Medicine, Toronto.

The Action of Foreign Bodies introduced into the Eye, was discussed by Prof. Leber, Göttingen, Purulent inflammation from the introduction of metallic fragments into the eye is always due to the action of germs which have entered through the wound. Purulent inflammation may, however, be set up independently of the action of germs by certain chemical substances, e.g. arsenic, etc. Dr. H. Knapp of New York held that the inflammation that followed cataract extraction is due more to injury of the cornea than to infection.

It should be stated that only five years previously at the Meeting of the Centennial International Medical Congress—(Philadelphia, 1876)—which it was my privilege to attend—after a discussion in the Section on Sanitary Science upon "the Present Condition of the Evidence concerning Disease Germs," the following resolution was adopted, and passed on to the General Session.

1. 2. In regard to the causes of septicemia, pyemia, puerperal fever, erysipelas, and hospital gangrene, and of cholera, smallpox, the carbuncular diseases of men and animals, typhoid and relapsing fevers, and diphtheria, there is *not* satisfactory proof that they are necessarily connected with minute vegetable organisms.

3. The real nature of these causes is still uncertain.

Papers on "Motor Affections of the Eyes," by Landolt, of Paris, and "Partial Tenotomy of the External Recti in Insufficiency of the Internal Recti," by Abadie of Paris, also given and discussed. An interesting feature was the demonstration of his Ophthalmometer by Javal, of Paris.

In his paper on "Sympathetic Ophthalmitis," Prof. Snellen, of Utrecht, proposed the hypothesis that Sympathetic Ophthalmitis is a *metastatic specific* inflammation in which special parasitical inflammatory elements are conveyed over to the choroid of the sympathising eye through the dilated lymphpaths—the so-called *migratory* ophthalmia of Deutschmann.

In his paper on the "Pathology of Sympathetic Ophthalmitis," Brailey, of Guy's, held that the uveitis presents certain definite pathological characters by which it can be distinguished histologically from all other forms of inflammation, a view which in later years Fuchs, of Vienna, has emphasized.

Prof. Leber gave an important paper on "Optic Neuritis in connection with Intracranial and Spinal Disease," contending that it is a true inflammation, and thus adding his quota to the solution of this vexed question.

Dr. Bouchut, of Paris, on the "Relation between Ophthalmoscopic Conditions and Intracranial Diseases"—held that all the important diseases of the brain and spinal cord, as well as the serious diathetic diseases may be recognized by ophthalmoscopic examination. Miliary tubercles of the retina and choroid, in his opinion, showed tuberculosis of the brain or meninges. Mr. Eales' paper on "Primary Retinal Hemorrhage in Young Men," was of special interest as giving the results of a quite early study of this troublesome affection.

"Treatment of Detachment of the Retina by Injections of Pilocarpine," by Dr. Dianoux of Naples, gave the results of sixteen cases, viz.: six were cured, eight were improved and two were successful.

Nieden of Bochum, on "Miners' Nystagmus." Dr. H. Knapp described his operation of extraction of cataract by peripheral division of the capsule: 20 per cent. V=20/xx to 20/200; 5 per cent. 3/cc to 10/cc and 5 per cent. from nothing, to perception of light.

The Committee on Color Blindness presented a report giving rules regarding the color sense and visual acuity of those in the marine service. Glaucoma.

Adolf Weber, of Darmstadt, held that "the only invariable antecedent, and, in that sense, 'cause' of glaucoma, is a progressive contraction of the outlets of the intraocular fluids; the other antecedents neither alone nor combined can produce it."

"Changes in Refraction" in glaucoma were treated by Laqueur, of Starsbourg. Dr. Priestly Smith gave his now well-known view of the etiology, etc., namely, the narrowing of the circumlental space owing to increase in size of the crystalline lens, which continues to grow during life.

Angelucci, of Rome, thought that the cause of glaucoma was the sclerosis of all the membranes of the eye, and chiefly of the walls of the blood vessels.

Much time was given to the "Treatment of Glaucoma." Dr. deWecker went fully into the merits of his sclerotomy and gave

its indications: (1) In all forms of hemorrhagic glaucoma (*et al*). (2) Buphthalmos. (3) All cases of chronic simple glaucoma. (4) When the good effects of iridectomy are waning. (5) In dealing with the prodromata. (6) To relieve pain in glaucoma absolutum.

Bader, for his part, cured glaucoma by producing a subconjunctival staphyloma. In the cases which he showed in illustration of his method the distinct proptosis of the upper lid caused by the underlying ectasia was noticeable a number of feet off.

DeWecker's terse and pointed comment on this procedure was that it was a direct violation of well-recognized principles of ophthalmic surgery. Abadie did the deWecker sclerotomy in cases of increased tension with *deep* anterior chamber.

This brief account shows the various important subjects were given serious consideration; and one may be permitted to say that as to any real advance since '81, we have regarding pathogenesis, the *endogenous* theory of J. Meller, and *"anaphylactis* of the uvea, of Elschnig, on account of tissue disintegration, the chief rôle being taken by the pigment: together with an anomalous condition of the organism, e.g. nephritis diabetes, auto-intoxication, etc. And medication by Salvarsan as an adjunct to use of mercury; while on the operative side scleral trephining (*et al*) is supplanting iridectomy and sclerotomy in chronic simple glaucoma.

Recently, however, one leading surgeon has returned to the Lagrange method after a good trial of the Elliot.

To retrace,—what H. Knapp regarded as a very important feature of the Congress meeting, was an operation by Mr. Tweedy, at Moorfields, for Osteoma of the Frontal Sinus and Orbit, in which the orbital portion was chiselled away from the base, i.e., the higher and deeper part which in reality was intracranial. Untoward symptoms developed ere long and the patient died of infective meningitis in four weeks.

I mention this because, by a coincidence, I had hardly reached home ere a case came under my own care, and a few points noted in witnessing Mr. Tweedy's procedure were of distinct service to me in my own. Shew specimen and mention attacking the *base* and not the tumor proper, a plan adopted by

Maisonneuve in his "Enucleation." (Shew photo and specimen).

Visiting Glasgow before the Congress I met Wolfe, Surgeon in the Eye Infirmary, and had the pleasure of reporting to him the successful treatment sometime previously of a case of double complete cicatricial Ectropion by his method of transplantation of flaps *without* pedicle. (Shew photo).

Always acting on the conviction that London was not Great Britain, and that it was worth while to stop off on the way to the metropolis I was fortunate in seeing Mr. John Griffith, who was the first to do the Mules' evisceration of eyeball, perform this operation more quickly and with apparently less attention to detail than is ordinarily the case, e.g., the including of the conjunctival and scleral lips in one suture, instead of stitching them separately.

Then at Birmingham, at the Royal Infirmary, while waiting for Mr. Eales to make his visit, I looked over the museum and was much interested in a specimen of his there,—a tumor of the optic nerve with retention of normal vision,—an almost unique case. In the discussion of a paper by F. Buller, of Montreal, on Tumor of the Optic Nerve, in which he dwelt on the three cardinal signs, exophthalmus, papillitis, and blindness, I spoke of the Birmingham case as an exception to the rule, but Buller said I must be mistaken, so cocksure was he.

I saw also at the Birmingham Infirmary a large fimbriated neuroma of the orbit, a rare specimen.

Before closing I would like to refer to the matter of "demonstrating" operations before one's equals if not superiors, as at Congresses, etc. Harking back to that of '81, I was distressed to see how Mr. Couper was changed from the cool and skillful operator to one palpably nervous and ill at ease when at work before his continental confrères; and, later, when those who were interested were asked to see the McKeown irrigation of anterior chamber I was really afraid that the whole contents of the globe would be washed out. And again, similarly, at Chicago, on the invitation of a surgeon, now deceased, while a number were watching a cataract extraction, I was surprised to find the operator proceed to 'expression' or 'evacuation' without first using cystitome or capsule-forceps. This, mind you, before the days

of "intracapsular" extraction. Unfortunately, the vitreous escaped and not the lens.

Then again, with a large number watching him, an operator, who after washing his hands was about to do an extraction, calmly brought an old spectacle case out of a pocket, opened it, removed his spectacles from it, put them on, and directly proceeded to place his fingers in contact with the globe. It was not edifying to see Argyll Robertson use his mouth as a pocket when doing extraction. Contrariwise, it was delightful to note the quiet satisfaction with which the late Cornelius Agnew, of New York, told me of his success when shewing by request his capsule operation at the Heidelberg Congress, in which as you know the cornea is punctured and a sharp curved needle passed in, the capsule torn and brought out with a twisting movement or else cut off at the wound. Old Arlt slapped him on the back and said "bravo!"

Finally, it is a pleasant reminiscence, to recall that I was one of the three persons present when Dr. Weeks, of New York, informed his Chief, Prof. H. Knapp, of his discovery of the minute rod bacillus of contagious conjunctivitis, also isolated by Koch, in the Orient. And it was most interesting to see the evident concern of the veteran that Weeks should make "assurance doubly sure" before making any public announcement.

DEATH OF LIEUT.-COL. W. J. O. MALLOCH

Lieut.-Col. Dr. W. J. O. Malloch, who was taken ill with pneumonia on his arrival home from overseas, died at his home, 60 Lynwood Ave., Toronto, on Feb. 18th.

Lieut.-Col. Malloch went overseas with the University Base Hospital in May, 1915, proceeding to Saloniki, where he served for several months. Col. Malloch was afterwards attached to Basingstoke Hospital, England, until he returned to Canada. The officer is an 1891 graduate of University College and took his M.B. in 1896.

The Physician's Library

The Twentieth Plane. A Psychic Revelation. Reported by Albert Durrant Watson, M.D., Fellow of the Royal Astronomical Society of Canada and President of the Association for Psychical Research of Canada. McClelland & Stewart, Publishers, Toronto.

This book has attracted a great deal of attention in local circles, and has been the subject of bitter controversy between rival newspapers, which, it seems, have an extensive circulation on the Twentieth Plane. How the mighty have fallen! We can scarcely picture Plato and Socrates lounging around the street corners waiting for the sporting editions, and yet time must hang heavy on their hands if they have to indulge in much of the style of conversation reproduced in the *Twentieth Plane.* Even the sporting editions, including the editorials, contain nothing worse. But why the Twentieth Plane? It seems to us that the revelations come from the lowest plane possible, and most of the departed spirits appear to be suffering from some form of senile dementia. Perhaps, though, commercialism has extended to the spirit world and the old-time worthies are looking for a rake-off on the sale of the remarkable book which has caused even erudite university professors to reveal the profundity of their thoughts. It is interesting to note that these gentlemen, like the spirits of those who have gone before, slip a mental cog or two occasionally, and what we took for profundity turns out to be something else.

Life on the Twentieth Plane cannot be attractive. Heine has drawn a much more pleasing picture of heaven in his Reisebilder, and his description of roast geese flying about with gravy-boats in their bills, asking politely to be eaten, is infinitely more enticing than the prospect of absorbing chemical sustenance in a soft pink twilight, no doubt arrayed in pink pyjamas.

Just fancy a meal beginning with a synthetic cocktail, next a course of synthetic beef juice, and ending with the liquid extract of a rice product! We submit it cannot be done, even on the Twentieth Plane, with any degree of success.

Fra Hubbard—always erratic and often vulgar in pre-Lusitania days—is evidently the wit of the party, but has fallen off in mentality to a surprising degree. When on earth he talked too much, but occasionally "got off" a good thing. He is still vulgar, but no longer witty. Mother Hubbard would be much more interesting and Simple Simon appear as a second Solomon among the inhabitants of the Twentieth Plane—and "then some," to use a Hubbardism.

Percy Bysshe Shelley plays up to the Toronto crowd and styles our city the Athens of America. What about Hamilton, though, or Erindale?

Perhaps the most entertaining character in the book is the Toronto heavy weight with the intellectual yellow aura, who brings his big guns to bear on Spinoza and the Coleridges. How they must have shivered when he began to hurl his intellectual Jack Johnsons and Berthas in their direction, but the muddiness of their replies was not greater than the muddiness of his questions. He gave these ancient dreamers more than one bad quarter of an hour, and Louis the medium, the ouija board and the ponderous professor wandered through a veritable Slough of Despond in quest of human personality. Apparently it was the chance of a lifetime to get in touch with the real thing, and he made the most of it. Evidently he enjoyed it; we wonder if they did. The spirits called for music at such times, and although no light is supplied in regard to the kind of music asked for, no doubt it was of the canned variety—syncopated time, with a jazz band obligato.

If our readers wish for entertainment of a certain kind we can commend the *Twentieth Plane* as being a good instance of the kind of twaddle some people mistake for intellectual food. As a study in auto-suggestion and so-called hypnotic exploitation possibly the book has some value.

Diabetic Cookery Recipes and Menus. By Rebecca W. Oppenheimer. New York: E. P. Dutton & Company.

This volume of 156 pages was written by a diabetic. Every recipe given—and there are hundreds of good ones, whose directions are easily followed—were tried out by her under the direction of a physician. The amounts of protein, fats and carbohydrates are given in grams, as well as in calories, so the prescription of them is made easy. Physicians will find this handy to have and might well recommend their diabetics to buy it.

The Orthopedic Treatment of Gunshot Injuries. By Leo Mayer, A.M., M.D., Instructor in Orthopedic Surgery, New York Post-graduate Medical School and Hospital. With an introduction by Col. E. G. Brackett, M.C.N.A., Director of Military Orthopedic Surgery. Illustrated. Philadelphia and London: The W. B. Saunders Company. Sole Canadian Agents: The J. F. Hartz Co., Limited. Cloth, $2.50 net. 1918.

This book deals with the orthopedic treatment of war injuries. It is a guide for medical officers in practically every hospital through which a casualty may come. The first part is devoted to treatment at the front and various types of splints are given for the guidance of the medical officers. Most of these it would be impossible to use in the front-line or field ambulance. It is, however, a splendid guide for casualty clearing stations and stationary hospitals. Plaster of Paris is made use of to a considerable extent. Most other books of this sort do not recommend plaster, which I think is a disadvantage, as it is extremely useful in competent hands. His chapter on stumps, temporary pegs and artificial legs is very good. In his treatment of nerve injuries he speaks with great assurance of nerve transplants and allied operations where there is a gap in the nerve and the freshened ends cannot be got into apposition. He lays great stress on the technique of doing a nerve-graft, but nowhere in his book is there any positive evidence that a nerve-graft ever restores continuity in a nerve. In speaking of his recoveries from grafting he neither gives electrical reactions before or after operation or recovery, this is quite in

keeping with publications of nerve-grafts. A man to prove that a graft has restored function of the nerve must give the electrical reaction before operation to prove that the nerve in question has or has not been sectioned and the nerve reaction after his operation.

Nursing Technic. By Mary C. Wheeler, R.N., Superintendent of Illinois Training School for Nurses, Chicago, Ill. Thirty-two specially prepared illustrations under personal supervision of the author. Philadelphia and London: The J. B. Lippincott Company.

This little book should be found exceedingly useful to nurse probationers during their course of study. It goes into the very fundamentals of nursing, and should undoubtedly make their student days more simple and their nursing days more useful, both to their patients and themselves.

IN THE WRONG PROCESSION

A story is told about a consultation that three pioneer medicos had in a first floor room in a residence on the south side of Carlton Street in the fifties. The medical men were Drs. Widmer, Herrick and King, Dr. Widmer's well knwn cabriolet was standing in front of the house. Widmer was standing in the room with his back to the window, talking to Herrick and King, who were facing him and at the same time looking out of the window. A funeral happened to pass the house on its way to the cemetery, and just as the hearse reached Widmer's conveyance his horse started off to walk in front of it, for in those days the doctor's carriage always headed the cortege. This habit act of the horse was too much for Herrick and, quick as a flash, he said: "Widmer, that horse of yours has gone off with a funeral." Widmer took in the situation at a glance and, greatly perturbed, was out of the room and downstairs in a minute. Grabbing his hat, which was on the hall table, he rushed to the street, ran after his horse and finally caught him, with the remark: "You old fool, come back, that is none of our work."

Correspondence

The Editor cannot hold himself responsible for any views expressed in this Department.

DOCTORS WHO STAYED AT HOME NOT CRITICISED

Owing to a possible misunderstanding on the part of some of the Profession over an interview given by Dr. Herbert Bruce to *The Toronto Star* a day or so after his return to Toronto, wherein he was misquoted, we gladly publish the following letter sent by the doctor to that newspaper, and which explains itself:—

March 8th, 1919.

To the Editor of the *Star*,—

Owing to calls upon my time since my return home, a week ago, I have only to-day read an interview with myself which appeared in your issue of March 4th, in which I am made to say something which it seems to me might be construed as a reflection upon my confreres of the medical profession.

Under the caption, "Condemns Doctors Profiteering," these words are put into my mouth—"This profiteering, for that is what it is, during their absence is harder than the public think as the doctors who have done their bit. It means that they have to begin all over again from the very beginning and work up a new practice."

There has never been in my mind any thought other than that Canadian doctors who remained at home to care for the people of Canada had experienced the drudgery and the exacting routine of the years of war, and had admirably overcome the problems presented by the extraordinary epidemics and the depletion of the medical profession of the country occasioned by the withdrawal of so many members of the profession for military purposes. I have always thought that it was to those who remained at home, rather than to those whose lot it was to have the good fortune of the adventure abroad, to whom the country's gratitude is due. Certainly in the interview I made no use of the word profiteering nor had I such a thought in my

mind. My interview with your reporter dealt entirely with medical conditions in England, as I had been absent from Canada except for short intermissions for nearly three years.

Let me reiterate that nothing that I said in the interview with your reporter could in my belief be interpreted as a reflection on the medical profession, who have been compelled to carry on in Canada under conditions of exceptional difficulty.

Yours sincerely,

HERBERT A. BRUCE.

MAJOR O. DOWSLEY ILL

IN casualty list appears the name of Major Dr. Ogilvie Dowsley, who was recently very ill from pneumonia and influenza, in No. 14 General Hospital, Eastbourne, England. Major Dowsley was with the Canadian Army for two years before war was declared. When war broke out he immediately went to Valcartier with the 1st Contingent, and on arriving in France he was attached to No. 1 Casualty Clearing Station, but later was moved to No. 3 Station. After serving with that station for a time he was attached to No. 3 Canadian Command Depot, England, where he met his bride, who was a nurse at that hospital. Major Dowsley was born in India, and took his medical course at Toronto University. He is the son of the late Rev. Andrew Dowsley. His home is at 147 Cowan Avenue.

DR. LEO POLLOCK APPOINTED HEAD OF DEPARTMENT BY LOCAL BOARD OF HEALTH

AT a meeting of the local Board of Health, on Feb. 20th, Dr. Leo Pollock was appointed as chief of the Dairy Department at a salary of $2,000 a year, to succeed Hayes Lloyd, who, after seven years' work with that department, has accepted a position with the Federal Government at Ottawa.

FREE IODINE AS A THERAPEUTIC AGENT*

By Alfred Johnson, M.D., M.R.C.S., L.R.C.P. (Lond.)

Iodine has been used in medicine from remote times, and has steadily increased in usefulness, until we now recognize it to be one of the most powerful antiseptics and alteratives available.

In alcohol or acetone solution the bactericidal properties of free iodine are so widely made use of in the sterilization of the skin, of ligatures, etc., that no comment is necessary; but the fact must not be lost sight of that its antiseptic properties have now, commonly, a much wider use. This limitation of usefulness in surgery, and also largely in medicine, is due to the fact that the unaltered molecule of iodine coagulates albumin, and therefore acts as an irritant.

A clue to the intimate action of iodine on the tissue cells —in quantity or form insufficient to damage these cells—may be found in the thyroid gland. The thyroid is the natural storehouse of iodine, to which the blood has constant access; and its extirpation, with the production of an artificial myxedema and consequent tissue changes, may be regarded in some measure as causing those alterations in cellular life which, unassociated with definite myxedema, may be remedied by the administration of iodine. For example, the association of phthisis with diminished secretion of the thyroid (Horsley) may furnish an explanation of the great therapeutic value of iodine in this disease.

As has been mentioned, iodine in its crude molecular form coagulates albumin, and is, therefore, irritating to the tissue. This irritative effect is not so marked when the molecule is in a nascent condition or in the colloidal state, the configuration of the atoms composing the molecule being modified. Five years have passed since Dr. David Curle, of Glasgow, published in the *Practitioner* an account of a method for the libera-

Publishers' Department.

tion of nascent iodine in the blood.* This consisted of the administration, in the morning, of 30 grains of potassium iodine in solution, followed by repeated doses of chlorine water during the day, nascent iodine being thus liberated in the body. This method has proved of great service in the treatment of tuberculosis in the lungs, in the joints, and in glands, bringing to bear in an active manner the antiseptic and alterative properties of iodine, without undesirable effects on the healthy cells. Methods for the introduction of iodine into the blood stream by way of the skin promise a popular future; they secure both local and systemic action of the drug.

Twenty-five years ago the late Professor William Carter showed that in the treatment of serous effusions a solution of iodine, obtained by mixing one part of the tincture with seven of water, when applied extensively to the skin, promoted more rapid absorption of the exudate than was secured by using the undiluted tincture or liniment. Weak as the solution was, it penetrated the superficial structures more rapidly than the stronger solutions on account of its less caustic effect on the skin.

More recently ionic medication, as applied to iodine, has deservedly obtained an important position in the treatment of arthritis and other local conditions. Here the iodine molecule, probably in a nascent condition, is carried through the skin and deposited beneath the surface at a depth of half to one inch, according to the strength of the electric current used. There is a varying degree of toleration of ionic medication in patients, and it should not be repeated at too frequent intervals. In order to carry on iodine treatment between the ionic applications, Unguentum Iodi Denigrescens is useful. I have employed this preparation with fair satisfaction in local inflammatory conditions and alternately with mercurial inunctions in syphilis, to produce a systemic iodine effect. Although it is an improvement upon the tincture of iodine in many respects, it is not suitable for application to mucous surfaces, as it often causes irritation, and this I attribute to the molecularly unchanged iodine which it contains, and possibly also the presence of hydriodic acid which may be formed during preparation.

*See "Prescriber," 1913, p. 44; 1914, p. 20.

My attention has been drawn recently to the possibility of introducing iodine through the skin in a colloid state, where the increased activity in penetration and therapeutic effect is said to be due to the fact that the atoms composing the molecule form a peculiar configuration or system, and move around each other with high velocity.

An iodine ointment, known by the trade name of Iodex, seems to achieve what may be reasonably be expected from iodine in a colloid state. It is undoubtedly penetrating, is free from the objections which apply to most of the older type of iodine preparations, and can be used when the skin is broken, without causing irritation. It is suitable also for rectal medication, without unpleasant effects, when either local or general exhibition of this active form of iodine is desired.

That the general method of introducing iodine through the skin is an effective means of carrying it into the blood stream may be proved by the fact that in a short period—frequently in less than forty minutes—it may be found in the urine. Of the several methods of iodine administration that I have tried, I find this method the most rapid and effective. In its use iodism may occur, but by inunction of the colloid iodine apparently larger quantities may be given without any toxic symptoms than by any other method. It has the additional advantage of not interfering with digestion, which it is so necessary to maintain in its greatest energy in those conditions in which iodine is most useful.

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Editorials

AN APPRECIATION OF DR. WILLIAM BURT

JOHN HUNTER, M.B., TORONTO.

HALF a century ago, the work and the fame of one or two of the many notable pioneer physicians of the County of Brant lured into medicine, a son of one of that County's most respected, and prosperous farmers. Brant County was even then famous for the excellence of its public schools. Young William Burt passed out from one of these to the collegiate institute—or rather grammar school of that day—and to the medical college, graduating an M.B. Toronto University in 1870.

Dr. Wm. Burt was an intelligent, and a very ambitious student. Dr. Austin Flint, Sr., and his distinguished confreres had by the middle of the past century made New York a notable medical centre. Dr. Burt went there, and for about a year was house surgeon in one of the hospitals, which helped him to

lay that foundation on which he built up a splendid reputation, and a successful practice. Two of his Canadian chums—and afterwards life-long friends —in New York, were the late Dr. J. E. Graham, and Dr. Alex. Hamilton, of this city.

Dr. Burt, in choosing his field, had to decide between London and Paris. The latter was in his native county, and he made it his choice, and in Paris he lived and died. Dr. Burt wisely, like as hundreds of our very best men have done, chose the work of the family physician, in the country, in the serenity of rural life, in preference to the distractions, and noisy turmoil of the large city, where but few acquire distinction, and the masses have to struggle hard for an existence in medicine, as in all other vocations. Dr. Burt had the innate, and the acquired attributes that would have given him a high place anywhere, but Paris and the country, retained his affection all through his life.

Dr. Burt possessed a rare charm of personality. His relationship to his patients was as tender, and unalloyed as that between mother and child, and to his fellow practitioners he was the embodiment of candor, and of simplicity—"Looking the other man straight in the eyes without suspicion, with friendliness, with sympathy, and with faith in what he is." His culture and scientific attainments found early recognition. He was Member Board of Examiners, College of Physicians and Surgeons, Ontario, 1889-92; President Ontario Medical Association 1894; Senator Toronto University 1896.

Dr. Burt's very useful and successful life, like that of many rural practitioners, challenges admiration from the fact that these men have to make a reputation, each on his own character, personality, tact, and intellectual efficiency. They have not the auxiliaries at the command of many city physicians and surgeons. They have not the hospital clinic, or the operating table surrounded by "a cloud of witnesses" in the role of students and nurses who later spread to north, south, east, and west to bear tidings to their sick and afflicted patients of the surpassing diagnostic acumen, and therapeutic efficiency of Dr. A. or of the matchless skill of Surgeon B., which bewildering tidings, soon send these afflicted ones to the city to be taken care of by Dr. A. or stop ordinary traffic so that a "special train" may make extra speed in conveying Surgeon B to the distant hamlet to perform the customary "very critical operation." No, the rural practitioner has to create his own reputation, and very often against the keen competition of those who had to do likewise, and all honor to Dr. Burt, and such men who achieve such honorable distinction on their own merits.

THE INFLUENCE OF THE WAR ON MEDICINE

THE Great War has shown the value of team work, specialization, antiseptics, new methods of treating wounds, fractures and shock; better methods of killing parasites, particularly the terrible louse; and added emphasis has been given to the importance of

sanitary measures looking to the prevention of typhoid and other filth diseases.

Fine progress has been made in the treatment of wounds of the heart and lungs. The lesson of early investigation, by operation, of wounds penetrating the abdominal walls has been learned. The treatment of the various war neuroses underwent considerable change during the progress of the war—for the better.

In how far Dakin's solution, Wright's salt solution, Morrison's Bipp, and Di-chloramine T will supersede bi-chloride, carbolic acid, and iodine in the treatment of infected wounds, remains to be seen.

Marked advance has been made in orthopedic work and in plastic surgery, particularly of the face in all its parts.

Much good work has been done in lesions of the central and peripheral nervous system, and added light has been thrown on many mental conditions.

We hope that many of our fighting brethren found time to make notes of their more interesting cases, and that they will elaborate these notes, and that from time to time they will be published in the medical press for the benefit of the profession at large.

THE TEACHING OF SURGERY

WITH all due respect to worthies who have filled our university chairs in surgery in the past, the time has come for teaching all our students, and particularly those who show a bent for surgery, surgery as it

ought to be taught. Along with, or even anterior to the theoretical exposition of the subject, should come the practical part—the training in operative work on cadaver, on animals, on post mortem gut and stomach work—so that the familiarity with the use of all the more common instruments used in surgical work may be acquired; and the feel of arteries, nerves, other tissues, and organs in general. A thorough grounding in anatomical dissection is an essential preliminary, and a few months in the shops of a carpenter, a blacksmith and toolmaker are to be recommended.

Following this preliminary training during the student course should come an all-around rotation hospital training as an interne for at least a year, following which two or three years should be spent as an assistant to an operating surgeon.

At present too many men are undertaking major operating work who are decidedly unqualified to undertake the same. It is up to the profession to "sit down" on this sort of thing and demand that men who undertake major surgery shall be thoroughly competent; and it is up to Medical Councils and the medical schools to see that surgeons are properly trained; else the public will soon demand it.

Canadian Journal of Medicine and Surgery

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Original Contributions

MEDICAL ETHICS

BY R. A. REEVE, M.D., TORONTO.

The late Dr. Reeve was invited last winter to give one or two addresses to the final students on Medical Ethics. While the talks were more or less extemporaneous, the following pages formed the basis of a good many of his remarks:—

The Physician and the Patient.

You will shortly have new relations and more or less serious responsibilities. The unwritten code of honor of the medical student hardly meets the requirements of the practitioner in his triple relationship to the State and to his confreres—i.e., the profession—and to his patients. You might naturally regard the Golden Rule as covering all duties, and, therefore, all-sufficient. Besides, it has the merit of simplicity, which is a quality of perfection. Experience has shown that the young medico needs on occasion not infrequently something more explicit than this dictum of the ages to guide him safely through the mazes of doubt, uncertainty, exigency and emergency which beset the pathway of professional life. You will be the unwilling depositary of unwelcome secrets. You will, time and again, hear what you cannot repeat and your lips must be sealed when a few words might bring you ample gold. In these days when people's foibles, no less than their virtues, are proclaimed from the housetops, you must practise a judicial reticence. In fact you will have to realize daily the discipline of life and to acquire as soon as possible, if it is not yours already, the habit of sacrificing yourself for your patients' sake —of course within reasonable limits.

There are some subtle forms of temptation to which medical men are exposed, and from which you cannot hope to be exempt. I will cite here two or three, e.g. (1) life insurance, and again (2) in regard to various forms of certificates, which too often are not regarded as they ought to be, as having the force of an oath. That the "deil" is not dead we have too many proofs of in these sorrowful days. You will, of course, be solicited to procure abortion. Young doctors who have just started in practice and are anxious about income are specially liable to attack. One need hardly say that to listen to, i.e., respond to, any appeals of this sort, however specious or *gilt-edged,* is to start at once on a downward course, which almost inevitably ends in disaster.

Propriety and policy alike dictate that the physician should be reasonably careful about his or her dress and bearing so as to be the more acceptable, and that while avoiding any attempt to ingratiate oneself by fulsome flattery or the like, the aim should be to make a favorable impression and inspire confidence. He should have a deportment or demeanor of comfortable assurance without cocksureness, for Dame Nature may be fickle or fitful, and the course to the goal of health may have hidden rocks of which the novice, at least, is unaware. It is always a point gained to be able to enlist and secure the co-operation of the patient in a common effort towards recovery; to instil hope where possible and thus dispel doubts and fears and gloomy forebodings, and correct the prejudicial effects of Job's comforters and old wives' tales of woe and disaster.

One should be cheerfully serious or seriously cheerful, and cultivate optimism rather than pessimism, and certainly not magnify the import of sensations, and symptoms as the habit of some is—thus adding to the credit of the so-called cure. One should evidence interest in one's patients and give proofs of the sincerity of the desire and determination to be instrumental in ensuring recovery. One should soften, as far as justifiable, any unfavorable prognosis, and be quick to appreciate and record any happy omens. To pooh-pooh the supposed gravity of a case, which has possibilities, or to neglect to apprize parents or relatives of ominous changes is a grave mistake. I can still recall how, as a boy, I was impressed

with the severe strictures of my own mother upon one of the leading practitioners here, who had seen one of the family in the morning and had kept his counsel, the child dying the same day. Grover Cleveland, ex-President of the United States, in an address to a large medical society some years ago, urged practitioners to be more frank with their patients, to take them into their confidence more than was their wont and explain the rationale of symptoms and the rôle of proposed treatment.

Of course the medico must always be as discreet as possible and strike the mean, avoiding that familiarity which tends to breed contempt. Apropos of showing interest in parents, I may cite the case of a cultured and delightful physician, one of the old school, who practised here years ago, and whose foible got him into serious trouble: He was called to see a sick child in a well-to-do family, and finding a text in the statuary and paintings that met his eye, descanted for a long time on the articles of virtu that gratified his tastes, and he was on the point of leaving when he was aroused by the indignant mother, who remarked that she had sent for him to see her child who was ill, and not to listen to a discourse on art.

Inter-relation of Physicians.

It is contrary to the code for a practitioner to visit a patient of another doctor professionally *at the house*, unless with his consent; but it is not a breach of etiquette to examine another's patient who comes to your consulting rooms and desires your opinion of the case. For years I refused to do this until I learned the practice was a usual one even with sticklers. It does not mean that you are to take the case in hand yourself, and if you are loyal to your confrere the patient will likely respect you both the more.

It is unwise to be too sensitive regarding consultations. Patients often ask for them when in so doing they do not mean any reflection. It is rather that they are very anxious about themselves and do not wish to neglect any precaution. The rule is not to consult with those who hold to any special cult or pathy. Many years ago I remember the interest excited amongst the profession by an incident in England. Sir Wm. Jenner was asked to consult with a homeopath in the case

of the Prime Minister, Earl Beaconsfield, and refused, although he knew that the Queen was anxious he should do so; and it was only when Queen Victoria made use of her right as his Sovereign and made the formal request equivalent to a command, that Jenner yielded. What has been done here now and then by orthodox men was to see the patient separately and give an independent opinion to the family.

At the first meeting of the Canadian Medical Association held in Toronto, a surgeon who was known to do any surgery required by the homeopaths applied for membership. The president was Dr. Chas. Tupper, of Nova Scotia, afterwards Sir Charles, and he made the incident the occasion of a philippic, which would last one for a lifetime. I must point a moral regarding consultations, which you can read in the story told me by the late Dr. Laughlin McFarlane, clinical professor of surgery in the faculty.

He had a very serious case of double pneumonia and, as one feature of supporting treatment, was giving the ammon. carb. The late Dr. Henry Wright, emeritus professor of medicine, thought all was being done, but the third member present suggested replacing ammon. carb. by the aromatic spirits. This aroused Dr. Wright's ire and he vigorously protested against substituting for a drug whose composition and effects we knew, one which was of indefinite and uncertain character—in fact making a change for change's sake.

The moral of another story is quite patent. A child was under the care of a physician for hereditary syphilitic keratitis, which, as you know, is symmetrical and rather protracted. Ere the second eye had become involved the mother was met in the street by a learned doctor, who condoled with her in her anxiety and practically hinted that likely a change of treatment would be effective. The case was promptly put under his own care, when the second eye became, in short order, involved, and continued so, much to the chagrin of doctor No. 2 and distress of the mother. The case came into my hands, and the tale of woe into my ear; and I retail the latter as an excellent and severe example of the irony of fate where a mean trick had been played upon a brother practitioner.

Another point regarding consultations. When agreement

has been reached upon the treatment, all engaged in the case are equally responsible for it. I had left some iodoform gauze in a mastoid cavity after operation, the better to keep the skin-wound open. The patient was suffering from secondary meningitis and, of course, headache. The consultant, brought from New York without asking the family doctor or myself, thought the headache was due to the tent, and twelve hours after its removal at his request, found out his mistake, and then he proceeded to advise calcium. bisulphide pills, a sort of hypothetic cure-all with him. As it turned out, he had brought a supply and must needs use it.

However, the point is this, the family physician who, by the way, was a good surgeon, chided me on coming from the first consultation with the New York man, upon not removing the "packing" before the latter had come, and, so to speak, reflected upon my procedure. I refused, however, to accept the sole responsibility for what I considered good practice and pointed out that he was equally responsible with myself. He "acknowledged the corn," and I think the experience was useful to him.

A consultant should not take charge of a case except at the request of the family doctor or attendant, the patient, of course, being agreeable thereto. At a subsequent illness the consultant, unless a purely consulting physician, is free to take charge himself of the same patient.

Again, when a physician is called to the patient of another physician during the enforced absence of that physician, the patient should be handed over to his own doctor on the return of the latter, and should not be attended by him further during that illness, although he may take the case at a subsequent illness.

Fees.

The matter of fees has been thought of sufficient importance to be dealt with by the Medical Commission now sitting. In the first place fees can never be on a stereotyped scale. The grocer only gets the same sum for a pound of coffee from the millionaire as from the artisan, but the world over the doctor's fee to the latter is as small as he can consistently make it, while it is very much larger in the case of the millionaire. This

rule may, however, be pushed too far, and one should always try to avoid giving ground for the allegation that he is intent rather on making money than on securing a fair fee even for good service rendered. We have nothing in medicine that corresponds to the "retaining" fee in legal practice, where the lawyer is given sometimes a large sum by one party to a case, not only to retain his services, but to prevent the opposite side securing them.

A physician, settling amongst others, can soon learn the customary fees in the city or country of his choice, and act accordingly. While he may charge a higher fee than his confreres, it would not be good form to charge a lower one.

Where companies or corporations are liable, it is usual to regard them as intermediate between the highest and lowest division.

Where a memo. of indebtedness is rendered monthly it is not unusual to have a statement to this effect printed on the slip to show that no invidious distinction is being made. One of the most successful "collectors" in the profession used to render a monthly account even during a prolonged attendance, for the purpose of preventing unpleasant discussions at the close of the same.

Regarding the feasibility of a common scale of fees for the province, the Ontario Medical Association, at its last meeting, passed the following resolution:—

"That, in view of the different conditions under which services may be rendered by the practitioner and the varying amount of skill required in serving the needs of patients requiring medical services and the difficulty in fixing the monetary value of such services, it is not practicable to adapt a uniform scale of fees for medical, surgical and obstetrical services throughout the province, which can be fair to the patient and to the physician."

"The financial aspects of medical practice are a subject of discussion which any cautious man should approach with the greatest misgiving, yet it ought to be faced frankly."—*J. L. Whitney.*

"There is no doubt that it is often a hardship for the family

with average income to pay the doctor's bills, and it is also true that the doctor, on his side, shares in this hardship."

"The fact is, we live by the misfortunes of our fellows. It is our gain when people are sick and the more visits (or operations) the higher our bills." Naturally, patients, as a rule, desire the fewest visits possible, and we respect their feelings, and often do cut out or cut short our visits. And because of this it is said that a custom in vogue in the old country, and many years ago in force here, of a fixed annual honorarium has decided advantages. Diseases impending or in their early stages would thus be more likely to come under the doctor's ken, and cases could be followed up during convalescence, and complications or sequela be the more readily detected and possibly prevented.

Division of Fees.

"The vexed question of the *secret division* of fees or the 'commission' evil is attracting more and more attention . . . the discussion of the question has made many men who have not heretofore thought of it in that light realize that it is a moral wrong."—*Indiana State Med. Ass. Journal.* "The very fact that the division of fees is not practised openly, but in secret, is sufficient to condemn it as a species of graft and dishonesty which deserves exposure and requires the adoption of means for the correction of the evil. Tolerance of the practice of fee-dividing means disgrace and dishonor for the medical profession."—*J.A.M.A.* 1913.

Some maternity hospitals offer substantial pay to the physician who refers the patient. Whether or not institutions of that class try to recoup themselves by resort to blackmailing in the case of unfortunate girls, is a thought which naturally occurs to one.

An Indiana Sanitarium advertises: "We will pay you $25.00 for each patient that you bring or send to us." How could a self-respecting physician yield to that bid? especially when it is further added, "We have a perfect and an absolute cure for all liquor and drug addictives."

Another establishment in Ohio, which announces that it is "conducted along ethical lines" (save the mark), announces

that its fees are $125.00 to $250.00, depending on the room." The physician's rake off is "20 per cent. of the above."

One who is known to be guilty of this unethical practice in regard to "fee-splitting" and commission is not allowed membership in various medical societies, which have denounced it.

This is the case in the Academy of Medicine, Toronto, which adopted a strong resolution against fee-splitting and also enacted a statute to this effect: "Whenever two or more practitioners are engaged in a case no distribution of the respective fees shall be made without the knowledge and consent of the patient" (or accredited representative).

The American College of Surgeons, a very large body of several thousand Fellows, the leading surgeons of the United States and Canada, who are entitled to attach to their names F.A.C.S., requires that the candidate for Fellowship shall sign the following declaration:—"I hereby promise, upon my honor as a gentleman, that I will not, so long as I am a Fellow of the American College of Surgeons, practice 'division of fees' in any form; neither by collecting fees for others referring patients to me; nor by permitting them to collect my fees for me; nor will I make joint fees with physicians or surgeons referring patients to me for operations or consultation; neither will I in any way, directly or indirectly, compensate anyone referring patients to me; nor will I utilize any man as an assistant as a subterfuge for this purpose."

I may add that one of the principal objects aimed at in the formation of this leading organization was to root out this and kindred commercial practices, and thus elevate and dignify what should be a noble calling untarnished by *filthy* lucre. We should never forget that our profession is one of high ideals and standards, which we should earnestly try to attain unto and maintain.

Obligations of Patients to their Physicians.

(1) "The members of the medical profession, upon whom so many arduous duties are imposed, and who are required to make so many sacrifices of ease, comfort and health for the

welfare of mankind, have certainly a right to expect that patients should entertain a just sense of the duties which they owe to their medical attendants."—Excerpt from *Medical Ethics, C.M.A.*

One may as well recognize at the outset of this short discussion of the subject that the old-time, and in many respects most admirable, relation of the *family* doctor has largely ceased to be, in the larger cities and centres more especially, where one finds that the father has one physician, the mother another and the children a third, and the older grownups, if boys, probably a fourth. In fact I know the new order of things has gone so far that the mother has sent for a specialist in diseases of children to care for the baby ere her own physician had ceased attendance upon herself and the new arrival, and without his knowledge. This sort of thing might easily lead to intolerable conditions, or at least end in mere business relations, in which probably the sick would find themselves the greater losers. The family physician, if well trained and progressive, has a vantage ground in his knowledge of the parents and even the grandparents of his patients, which puts him in a favorable position, difficult of access to the transient consultant. It comes to this that, recognizing a definite need for a guarded specialism, the young medico of to-day should aim at being what we may term a general specialist, or to quote Dr. Bevan, of Chicago, a well-known surgeon:—"I think," he says, "that the man of the future, as was recently expressed by Dr. McBurney, will be a well-qualified internist who can operate."

The longer course of training about to take effect, which will enable all ere graduation to have a year as hospital interne, will facilitate this result.

Professional Reticence.

One of the reasons the medical profession holds such a high place in the esteem of the common people—and they, after all, form the great majority of mankind—is the faith they have in the doctor's keeping secret the tales of all kinds confided to him in the privacy of the home and of the sick chamber. And it stands to the credit of the profession that, as a rule, this confidence is kept inviolate. The exceptions would be fewer

if the medical man would consider that in this regard his wife and himself were *not* one. I know the difficulty of secrecy is enhanced in small places and on the countryside, where often real sympathy and genuine interest and not curiosity prompt questions which the physician finds it hard to parry without giving offence. He should, however, try to acquire some of that rare faculty possessed in such high degree by that accomplished politician and man of the world—one of the Makers of Canada, as you know—Sir John Macdonald, of whom it has been said that folk would rather accept from him the refusal of their requests than have them granted by certain others of the public men of the country. In the cities, along whose thoroughfares are often found living the most lonesome and let-alone folk, and where frequently one does not know his neighbor, the doctor has the less difficulty in keeping professional secrets.

This good habit, like that of early rising, can be and should be acquired. It is, indeed, part of the serious discipline of life for the doctor no less but rather more than others, to keep a strict guard over that unruly member, the tongue.

Just a word as to the views of the French Courts as to the binding nature of medical secrecy as delivered in Paris (*F.A.M.A.*):—"Except in those instances specified by law in the interest of public health a medical secret should be strictly guarded, no matter what the disease is for which the practitioner is called. This distinction as to diseases, secret and non-secret, does not rest with him. . . . The physician should not be the judge of the expediency of giving information which might have serious consequences for the person involved. Secrecy should be observed rigorously, not only as to the nature of the disease, but also as to the circumstances accompanying professional visit."

Those who had the pleasure of hearing Hon. Justice Riddell's address on the "Doctor and the Public," before the Academy of Medicine recently, will recall that the learned judge avowed that he would have no hesitation in ruling that a doctor *must* state facts he had learned from a patient, even if of the nature of professional secrets, in case said facts had such a bearing that their divulging was essential in the

interests of justice. In regard to another moot point, Justice Riddell also stated that, apart from the appeal to one's humanity to give relief in case of sudden sickness or accident, the practitioner was within his rights in refusing to obey the call of the sick, nor could he be held liable for untoward results. His conduct might be subject to deserved criticism and even reprobation however, as in one instance in the city where a young woman who had swallowed carbolic acid (not solution) applied to a medical man for relief, and when refused aid sat at his doorstep while a friend tried to secure some other doctor who would use a stomach pump, said by him to be essential in the premises. The verdict of the coroner's jury contained a severe censure of the doctor for the apathy and neglect displayed. It is better to err on the safe side.

The People (Public) and the Doctor.

One who engages in the practice of medicine must be prepared for an occasional shock to his feelings. The public do not look at matters from a professional standpoint and perhaps it is too much to expect it of them. They will even send for a consultant without the knowledge or consent of the regular attendant,—which of course should never be done (Mack), cite. His very title Doctor is bandied about and is freely given to an electrician, optician, etc., or some irregular who may never have passed the threshold of a medical school. It will be found also that there is a tendency on the part of people to regard as pretty much on a par all men who call themselves doctors. Many do not discriminate as they should do between licensed practitioners and Osteopaths, Chiropractors, etc, thinking that they all are equally doctors. Irregulars profit very largely by this misconception. There is a sort of educational crusade going on in the U.S. to enlighten the public on this and kindred matters; and incidentally to show the double folly of entrusting life and limb to the care of incompetents.

An osteopath who is editor of a Journal of that ilk has recently voiced his intense regret that his own son should have died of diphtheria of which disease he was himself necessarily ignorant. Sorry to relate, the medical profession

of this Province have for years had their hands tied by a faulty judicial decision. The learned judge said he consulted the dictionary and found that doctors are men who give and prescribe drugs; the osteopaths say they do not give medicine, therefore he ruled that they were not practising medicine, and they have been flourishing under that decision ever since.

The pity of course is that the public is so easily deluded; quacks and irregulars are well aware of this frailty. But this should not deflect the true physician a hair's breadth from the plumb line of rectitude.

Again, you should know that many people do not think it at all improper to ignore or discard the prescription of the physician, keeping him in ignorance of their disloyalty and by withholding facts which have an important bearing on their own case, do him an injustice and themselves harm.

Selection of a Place in which to Practise.

When one has gained his diploma and license he (or she) enters a confraternity with at least, the good will if not the good wishes of its legion members, and if he has a Dominion license he has the privilege of starting his life work in any spot between the Atlantic and the Pacific. He does well of course, before settling to appraise the situation because there are some if not many places where for lack of this precaution the rule of one (1) practitioner to a thousand (1,000) people is already overstepped. A large and growing city offers a field for several, if not a *number* of *new* men from year to year. Were it not that a great many patients come into the cities from day to day from outlying places,—not a few to see men who have given up an outside practice to live in a city,—a tribute to their confidence, one would regard the cities as overstocked.

To a certain extent, at least, the law of supply and demand helps in this regard. A partnership is often sought with older men by young practitioners or inducements are held out by seniors to juniors. I just touch on this to utter a word of warning: Have a care about engaging in partnerships because unless in the case of really old practitioners

or where as in the case of law firms one takes one department and the other another there is not a little danger of losing one's *individuality* in the union and *that* is a serious loss to any professional man. It was in a barber's shop many years ago that I heard a man, whom I had treated from the outset, replying to a question, say he had been under so and so's care, mentioning the name of my senior partner. I saw the situation at a glance and acted accordingly, although to tell the truth it was uphill work for a while. There are of course some amenities to be observed by the young medico when he has located.

Too often the physician is not sent for until some damage has been done which might have been warded off. A striking example in point is the neglect to call in a doctor until an iritis is established and permanent adhesions have formed between the iris and lens capsule crippling the eye for life. An early visit and the complaint of the patient of *nocturnal* pain would have led to the use of atropine or other mydriatic and prevented a disaster; and similarly in diphtheria, in appendicitis, etc., etc.

It is thought by some that the ultimate goal will be State medicine in the sense of a general socialization of medical practice and that under this system the interests of the public and profession would both be best safeguarded.

You may smile when I say, Medicine is not a *business* nor should its practice be conducted upon business principles except that you see to it to give good value for your fee, which by the way you should secure without undue delay. The merchant takes good care to let the world know who he is and what he has and why the people should seize the chance to patronize him, and he tickles their fancy by special bargains and cut-rates. All of this is quite foreign to the true professional spirit, for what may be good form in commerce would be mercenary, and meretricious in medicine. The physician's stock is his fund of knowledge which fortunately increases the more he uses it. And if he is discreet in the choice of his habitat and gives a good account of himself when occasion offers and always puts his professional work in the forefront he may fairly count upon success.

It is not unethical to put one's card in the public prints but it is certainly treading on doubtful ground to append to "physician," "surgeon," "accoucheur," "specialist," in this, that, and the other branch. This is not fair to one's confreres and in the last analysis never pays. Advertising and exploiting one-self is bad policy. The public see through it and the profession rightly frown upon it. It inevitably leads to that loss of goodwill and respect which should be dear to every practitioner. When one deprecates and condemns the commercial spirit in medicine, it is not meant that one should go to the other extreme and neglect or fail to get a *quid pro quo* for his services. I recall two instances in point,—one, the case of a leading surgeon of Toronto, who at his death left book debts of $30,000.00, and another, a prominent physician, who was often cited in court for not paying his debts. It was not that he did not earn a good living but money seemed to him a sort of necessary evil and the less he had to do with it the better. He was once in Kingston as a consultant, and when requested to extend his trip to Montreal and to name the fee to see a case there, was on the point of acquiescing; and he would have gone without any extra emolument but for the strong remonstrance of his medical friends.

A reprehensible practice on the part of some practitioners, and it is said the evil is growing, which has naturally elicited strong adverse criticism on the part of right-minded practitioners is known as taking or exacting commissions.

Commissions are of several kinds "first those given *pro rata* by a consultant for every patient sent to him." This is, of course, unfair to the patients themselves who do not know the details of their charges and may have to pay unduly. And the variety in the commission received by the physician from druggist, and instrument or apparatus-furnishing houses and the rebates offered by sanatoria to those sending patients. Many years ago I was much surprised to learn from a leading druggist, who had refused the offer,—that a confrere had proffered sending all his R's to him if he would consent to allow him 30 per cent. commission and to refer to him for advice all the patients who were seeking a doctor's services —a sort of *double* commission you see.

In these days when the services of educated women even graduates of colleges are enlisted in the undignified work of telling the anxious public what dresses were worn and all the other like etceteras which constitute the toute ensemble of some secondary social event, it behooves medical men to be wary regarding requests to allow themselves to be interviewed, with the object of deciding whether or not in their more or less expert opinion some new procedure or discovery or fad or cult is what it purports to be,—or to write one or more articles for this or that public print telling the people with the authority of a professional yet in more or less ordinary language how to live, and eat to live, what to do and what not to do, etc., etc. These latter are of course things which should be widely known and it is better and safer to have the knowledge imparted through proper channels, but in all your doings you should try to be "as wise as a serpent and as harmless as a dove."

Thrice happy is the practitioner who can say I have at least done no harm. Above all, practitioners should avoid exploiting themselves—a bad manifestation of the commercial spirit. I once earned the gratitude of a prominent practitioner by advising him to have nothing to do with a pretentious publication "The Family Doctor" let us call it, brought out under good auspices of which he was requested to become editor. I was lately reminded of the incident by a recent event which aroused the anger of the profession in Great Britain. The Brit. Med. Assn. voiced its feelings in this strong language regarding the connection of prominent medical men with the publication "The Family Encyclopedia of Medicine":—

"The Profession has been aghast at the issue to the public of a work entitled —— with the names attached to it of 30 of the most eminent consultants of the day, which has been published as a display advt. in the daily Press and even on the boards carried by sandwichmen." You can readily see what a storm of protest would follow. The result was that the judicial Council of the British Med. Assn. promulgated certain rules, concerning the publication of medical books,

for the laity, "A physician is forbidden to bring himself before the public in any way calculated to attract patients."

Lodge Unions' Practice.

Medical Education is increasing in cost both in money and time, while the average remuneration is relatively if not absolutely diminished. This is one reason why so many young men choose surgery with its greater rewards; one reason also why new cults multiply with their "short cuts" to practice. As to the state of things in the country to the south of us, the judicial council of the Am. Med. Assn. reports: "The result of free dispensaries and hospitals on the medical profession is, that hardly more than 10 per cent. of the physicians of the U.S. are able to earn a comfortable income. Hence Lodge and Unions' practice would seem to have a legitimate role that must be accepted and controlled." It is a connection I would say which although in a few instances quite satisfactory every young man should avoid as far as possible. It often entails great labor with quite inadequate reward and a trying sense of drudgery and unrequited toil that tends to lower the morale and the joy of a normal life. Next week should time permit I may have more to say on this subject in speaking of the relation of Medical men to the public and the State, and v. v.

The State and the Profession.

"One of the more or less definitely recognized large compensations in medicine, and one that has been most zealously guarded and perpetuated, is that the doctor owes obedience only to the law and to his own conscience and is not subject to human masters."—Edsall.

"It is not so much now brilliant individual researches or individual struggles with disease that engage attention or are of greater moment, but organized systems of attack.

"This concerns more particularly a limited but steadily increasing number of men in the profession who engage in research or enter into National, Provincial, or Municipal health services."

The relation of medical men or the profession to disease in general,— in its broader aspect, is that of organized effort on a large scale to combat and eradicate the conditions and causes

of disease. And one of the newer aspects of this crusade in which the profession is deeply interested and is taking a leading part in many cases is medical social service. He is, indeed, an unhappy doctor who is not by instinct or training a philanthropist. Hence we find the profession has taken kindly to and supported heartily this latter-day movement of *social* service, which naturally enlists the sympathies and energies of the practitioner, ably seconded by those of the trained nurse and well-to-do and generous laity, without whose financial support little could be done. This of course, is not so far a State matter although the State is taking, as we all know, active and practical interest in the movement against tuberculosis, infant mortality and venereal diseases, partly because of the great loss it sustains from premature death or disablement of the subject, and partly on humanitarian grounds.

As far as the State in its relation to the profession on the one hand and the public on the other is concerned "compulsory insurance dealing with sickness, invalidism and accident" is the most important question of legislation bearing upon medical men that has ever come up in its relation to their incomes, in relation to their freedom of action and in relation to the good that they may do in their work and as such it must be approached with an intelligent knowledge and demands study from medical men.

Furthermore, it seems highly probable that whatever medical men may or may not wish it will soon come in this country. —(Edsall).

The opposition of very many of the medical profession in Great Britain to the profoundly benevolent legislation of Lloyd George's measure was partly due to misconception, partly to the thought of being under unfair control, etc., but it seems fairly certain that such a system can be devised and carried out "in such a way that it will not only preserve the rights of physicians but also in some ways may safeguard them, as compared with present methods, that depend upon the frailties and irresponsibilities of many individual patients." It is likely that the Doctor will acquire increasing influence as a public servant. Already the State, i.e., Maryland, owes an immeasurable debt to the Profession. One need only cite *two* names in proof.

Society Proceedings

THE ACADEMY OF MEDICINE, TORONTO

The meeting of the Medical and Pediatric Sections a few weeks ago was devoted to a discussion of influenza. A child patient of Dr. Canfield was shown, in which dry gangrene of the right foot supervened two weeks after an attack of the disease. The foot dropped off.

Dr. Detweiler discussed the bacteriology of the disease, going into the history of this branch of the subject since the epidemic of 1889. Pfeiffer discovered the bacillus which bears his name and the name of the disease during the dying out of the former epidemic in 1892, claiming that this bacillus was the etiological factor in the disease. A study of thirty-four cases in 1894 by another investigator showed an absence of this bacillus in the majority of cases. A later bacteriologist in 1911 found none of these bacilli in an epidemic he studied, but found pneumococci present in a large number of cases. A Colorado investigator in 1916 found no influenza bacilli at all; but Moody, of Chicago, found them in 6 per cent. of the cases. A New York man found it present in 18 per cent. of cases in the same epidemic. Two English investigators in 1918 found the micrococcus catarrhalis present in 100 per cent. of their cases, and believed it was the etiological factor. We had always thought this organism was saprophytic. When first described it was deemed to be the cause of catarrh, but later students had come to believe it had little significance. The influenza bacillus was found to be present in 8 per cent. of the cases, 62 per cent. direct smear. As it is difficult to recognize the organism from the direct smear this percentage is liable to exception. We are bound, of course, to get too low a figure if we rely on cultural methods alone, as it is a difficult organism

to grow; often negative in culture, even where we feel satisfied, there must be some. Not many investigators found pneumococci in their cases. Micrococcus catarrhalis inoculated in two healthy persons produced the typical disease. Williams and associate claimed to have a gram-positive diplococcus as the etiological factor. There are so many of this sort in the mouth, nose, and naso-pharynx, it is difficult to believe that this type of organism is the cause—unless they produce the disease (which is not claimed). A report from an Atlantic naval station near Boston states that the influenza bacillus was present in 82 per cent. of the cases; the pneumococcus in 56.6 per cent. Later returns do not pretend to show anything so startling. The weight of evidence at the special assembly of the American Public Health Association in Chicago went to show that influenza was due to an undetermined organism, which lowers the resistance of the organs as a whole and the respiratory in particular, paving the way for the entrance of Pfeiffer's bacillus, the pneumococcus, the streptococcus and other micro-organisms. Different parts of the country differed somewhat in the character of the infection. Fleming was able to isolate the influenza bacillus from the blood in two cases—a difficult thing to do. A Californian bacteriologist claims that the bacteriology of this disease varies according to the district. He finds bacteriological studies throw no light on the initial infection; the influenza bacillus, the pneumococcus and the streptococcus are the predominating organisms. He holds that the influenza bacillus produces the broncho-pneumonias, but that the lobar type is caused by the pneumococcus and the streptococcus. Opie, in his studies in pneumonia after measles at Camp Funston, says that the hemolytic streptococcus played but an insignificant part; contrary to Maccallum's findings. This organism may disappear after the onset of measles. The bacillus of influenza was found in only 8 out of 62 cases of pneumonia. In the Toronto General, in swabs from the throat and naso-pharynx of pneumonia cases, pneumococci were found in 51 per cent. of the cases; the hemolytic streptococcus in 3 per cent.; non-hemolytic streptococcus in 42 per cent.; the influenza in 33 per cent., and the catarrhalis in 42 per cent. Findings at autopsy and in pleural fluids are more reliable. In the sputum

one may find the streptococci, but there is no one living who can say that they cause the trouble; we don't know whether they are parasitic or saprophytic. At autopsy pneumococci were found in the lung in 25 per cent. of the cases; streptococcus viridans in 12.5 per cent.; streptococcus hemolyticus in 6 per cent.; streptococcus non-hemolyticus in 8 per cent.; pneumococcus capsulatus in 4 per cent.; micrococcus catarrhalis in 6 per cent.; staphylococcus aureus in 50 per cent. From pleural effusions pneumococci were present in 35 per cent.; streptococci viridans in 12.5 per cent.; streptococcus hemolyticus in 12.5 per cent.; bacillus influenza in 12 per cent. The finding of the last-named in pleural effusions are rare. In three middle ear cases, three showed the hemolytic streptococcus, and in two pneumococcus capsulatus. In five cases spinal fluid showed the Pfeiffer's bacillus found in one; streptococcus non-hemolyticus in one; pneumococcus in one; and two were sterile. In one case brought from one of the military hospitals the bacillus influenza in pure culture was obtained from a swab taken from an eye with conjunctivitis. The bacteriology of influenza and the pneumonias complicating is in a chaotic state. We are not in a position to say what the etiological factor is, but one striking feature is this, no matter what micro-organisms are found, when we look at the lung we cannot predict with the slightest degree of certainty what the micro-organism is in this particular case. The findings in the lungs are the same—always a broncho-pneumonia.

Dr. George Young discussed the clinical features of the disease. He first drew a picture of the unlikeness of cases in this epidemic with those of the 1889 epidemic, particularly in so far as the lungs were affected. The types of cases varied from those so mild to those so rapidly fatal that there was scarcely time for the development of physical signs. It was remarkable in the fact that the poison seemed to baffle nature's usual efforts to compensate for impaired function. It was common to find a slow pulse and respiratory rate. The temperature sometimes dropped to normal. Dr. Young presented two composite charts—one of fifteen cases of pneumonia in the recent epidemic and the other of fifteen occurring before the onset of the epidemic. A marked difference was noted. The average

temperature for each day was taken in both sets of cases. Most of the serious cases and many of the mild ones could be recognized at once by the peculiar color of the lips and tongue—the cyanosis—the purple, lilac or heliotrope tints, and dusky flush. This cyanosis could not be explained by the heart, and does not result from pulmonary involvement. The associated emphysema present has been suggested as a cause. The only adequate explanation is that the infection produces a rapid and profound alteration of the blood—like we see in carbon-monoxide poisoning. In a few cases spectroscopic examination revealed methhemoglobin. The cyanosis probably is due to some unknown change in the red blood cells. Another marked sign is the hemorrhage-epistaxis, bleeding gums, petechial spots, hemorrhage into the rectus muscle. Pregnant women aborted. Hyperresonance in uninvolved portions of the chest were noted—over the emphysematous patches between the patches of consolidation; and a bronchitic emphysema in places. The toxines affect the kidneys particularly, occurring in about 50 per cent. of our cases. Incubation period about forty-eight hours. It is difficult to say when the pneumonia begins, the physical examination often being negative. The impairment of resonance is often masked by the accompanying emphysema. The breath signs may be diminished and fine râles may be noted at the end of inspiration—heard about the angle of the scapula and the lower half of the lungs. Râles may not be apparent unless the patient takes a long, deep breath. In this connection it is well to use the stethoscope with the patient first on one side and then on the other; and one must remember that crepitations may be heard in normal lungs in patients lying prone for some time. It is difficult to conceive of a bronchiolitis without an involvement of the alveoli in which the broncholes terminate. An important point to remember is that the mild cases are unquestionably due to the same infection as that which causes the pneumonia. From a review of the literature and my own limited number of cases it is apparent that pulmonary-bronchiolar signs occur in 50 per cent. of the cases, whether more serious phenomena develop or not. An increasing clearness in the voice sounds is noted, due to increased consolidation, even though the bronchial breathing is not yet

definite. Sometimes several patches are noted, or one large area—not even limited by the fissures of the lung. Practically, there are always signs in both lungs. The general storm centre is around the angle of the scapula. Ordinarily there is no sign of bronchitis until after the fever abates—a coarser bronchitis after the bronchiolitis. It is to be regarded as a blood-borne infection with a selective affinity for the terminal bronchioles. Pleurisy, indicated by a friction rub, is not infrequent—pointing to a widespread involvement. Resolution is very slow—sometimes lasting six weeks. It is surprising to find so little evidence of cardiac weakness.

THE CANADIAN MEDICAL ASSOCIATION

The annual meeting of the Association takes place in Quebec, June 25th, 26th and 27th, and everything points to a most successful gathering.

The Association has obtained the consent of Dr. J. Halpenny, of Winnipeg, who is well known to the profession in Canada and elsewhere, to give the Address in Surgery.

The Addresses in Medicine and Public Health will be given by leading members of the profession.

A goodly number of papers have been secured for the different sections. Those who will contribute include, for the medical section, Dr. Christian, of Boston; Drs. H. B. Anderson, Malcolm McCullough, and Fletcher McPhedran, of Toronto; Dr. James Third, of Kingston; Drs. Finley, Hamilton, Gordon, G. G. Campbell, Meakins and Cushing, of Montreal. For the surgical section: Dr. E. L. Garner, Fernie, B.C.; and Drs. Armstrong, Garrow, Eberts, Powell, Turner and Gurd, of Montreal. Although we cannot yet announce the names of the contributors to the section of obstetrics and gynecology, the fact that Dr. W. W. Chipman, of Montreal, is looking after the welfare of that section, is a guarantee that there will be plenty of good material. Dr. Pagé, of Quebec, is chairman of the section of public health and is getting together a most interesting programme.

Members are asked to forward, without delay, to the General Secretary, 836 University Street, Montreal, the title of any paper they wish to contribute.

GOLDEN JUBILEE OF THE AMERICAN MEDICAL EDITORS' ASSOCIATION

The fiftieth annual meeting of the American Medical Editors' Association will be held at the Marlborough-Blenheim Hotel, Atlantic City, on Monday and Tuesday, June 9th and 10th, and will take the form of a semi-centennial celebration and a victory meeting, emphasizing the part which this Association and its members have taken in the world's war.

The enthusiasm manifested upon the part of the President, ex-presidents and officers of this Association is an assurance of its successful outcome.

A most attractive programme is now being prepared and every physician, even remotely interested in medical journalism, will find it to his advantage to attend.

MEDICAL SERVICES BRANCH OF THE DEPARTMENT OF SOLDIERS' CIVIL RE-ESTABLISHMENT

The scope of the work in the medical services branch of the Department of Soldiers' Civil Re-establishment is constantly enlarging, and this is evidenced by the increase in the number of medical specialists who are now looking after the needs of the discharged men in "D" unit, which includes Toronto and the surrounding district.

From a staff of nine practitioners last summer the list has now grown to 31 medical directors and specialists.

The executive heads of the medical service branch, with the specialists assigned to each hospital and clinic, are made up of the following physicians and surgeons:

Head office, 185 Spadina Avenue: Dr. E. Ryan, united med. director; Dr. G. H. McLaren, Dr. R. L. Par, Dr. C. C. Schlichter, and Dr. R. T. A. Carson, medical officers.

Clinic "D" Unit: Dr. J. B. Brown and Dr. W. W. Barnes, med. officers; Dr. H. Harrison and Dr. A. B. LeMesurier, orthopedic; Dr. A. B. Wright, surgeon; Dr. A. A. Halliday, nose and throat; Dr. A. L. Norwich, Dr. K. F. Rogers and Dr.

J. Chassels, medical officers; Dr. B. S. Cornell, Dr. N. S. Shenstone and Dr. E. S. Ryerson, surgeons.

Toronto General Hospital: Dr. Cromarty, medo. officer.

Clinic T. G. H.: Dr. Caulfield, chest specialist; Dr. D. MacLennan, ophthalmic surgeon; Dr. C. W. L. Clark, nose and throat; Dr. Richards and Dr. W. W. Jones.

Davisville Orthopedic Hospital: Dr. J. Berkley Stark, act. supt.; Dr. C. F. Goodfellow and Dr. J. D. Mills.

Euclid Hall, Toronto: Dr. W. B. Barnes, acting M.O.; and Dr. D. G. Wilson.

Newmarket: Dr. A. Gunn, med. super.; Dr. G. H. Stevenson and Dr. W. T. B. Mitchell, medical officers.

SIX YEAR COURSE IN MEDICINE

Dr. E. Stanley Ryerson recently announced that, commencing next fall, the six-year course in Medicine at the University of Toronto will commence. It is, however, understood that a special five-year course will be given for returned soldiers, who will start in with the members of the present first year who are plucked at the coming examinations. All civilians who intended entering Medicine were able last fall to enter for the last year of the five-year course. The movement regarding soldiers is with the object of giving returned men a square deal.

ADDITIONAL NOTIFIABLE DISEASES

Under an Order in Council passed on the 28th March the following diseases are made notifiable, viz.: Influenza, acute influenzal pneumonia, acute primary pneumonia, trench fever, typhus fever, relapsing fever and dysentery (both bacillary and amebic) in Ontario.

DR. MOORHEAD HOME

Dr. Andrew F. Moorhead arrived home recently after two years' service with the Imperial army in France.

WESTERN UNIVERSITY ASKS FOR GRANT

A DEPUTATION waited upon Sir William Hearst, Premier of Ontario, on March 12th, to discuss with him a request for a grant of $150,000 to Western University. The money is required to extend the Faculty of Medicine in connection with that institution. The citizens of London have already voted $100,000 toward the work, and the land, already secured, is costing $22,000.

THE UNIVERSITY OF TORONTO RECEIVES HANDSOME GIFT

A GIFT of $25,000 a year for twenty years has been presented by Sir John Eaton to the Faculty of Medicine at the University of Toronto.

This amount, which is given on condition that it be in addition to what is already being spent at the present time, is for the purpose of providing for the appointment of a professor who will give all his time to the organization work of this department and to the development of clinical medicine.

One immediate result of Sir John's generosity is the appointment of Lieut.-Col. Duncan Graham, now overseas, as professor of medicine. A graduate of the Medical College with class '05, this officer was a lecturer in bacteriology before going to Saloniki with the University Base Hospital (No. 4 Canadian General). Since then he has won promotion from his original rank of captain, has been mentioned in despatches, and latterly has been in charge of the department of medicine with the same hospital unit, now at Basingstoke, Hants, England.

He will assume his new duties in the fall.

DR. WM. GOLDIE, in resuming practice at 86 College Street, Toronto, will confine himself to office and outside consultation.

The Physician's Library

Pathological Technique. A practical Manual for workers in Pathological Histology and Bacteriology; including directions for the performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M.D., Associate Professor of Pathology, Harvard Medical School; and J. B. Wright, M.D., Pathologist to the Massachusetts General Hospital. Seventh edition, revised and enlarged. Octavo of 555 pages with 181 illustrations. Philadelphia and London: W. B. Saunders Company. 1918. Cloth, $3.75. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

In this edition the post-mortem technique has been put at the end. Several new stains are described and the use of the safety-razor blade is recommended in section cutting. The use of benzene in parafin embedding is also recommended, as well as Rubsaschkin's method of fixing celloidin and frozen sections to the slide for staining. This work is of great value as a guide to beginners and as a source of reference to the advanced student.

The Canadian Medical Directory (Newfoundland, Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta, British Columbia, Yukon). Second edition. 1919. *Canadian Medical Directory,* Montreal. Copyright, Canada, 1919, by R. Villecourt, M.D., publisher.

The second edition of *The Canadian Medical Directory* is certainly an improvement on its predecessor, which was by no means complete. This volume contains the law regarding

reciprocal registration as between the Dominion and Great Britain; the regulations of the Dominion Medical Council with a list of its licentiates; the different medical faculties in Canada; the medical societies, hospital, sanatoria of each province; the laws and regulations for the practice of medicine in the different provinces and Newfoundland, and a list by post offices of the physicians of each province. The directory will be found quite useful as a book of reference.

Essentials of Pharmacy. By E. L. Sayre, Ph.G., Ph.M., Dean of the School of Pharmacy of the University of Kansas and Professor of Pharmacy and Materia Medica; and L. D. Havenhill, Ph.C., Phar.M., Professor of Pharmaceutical Chemistry in the School of Pharmacy of the University of Kansas. 12mo of 495 pages. Philadelphia and London: W. B. Saunders Company. 1918. Cloth, $2.75 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

This work gives a brief outline of the important pharmaceutic data in convenient arrangement, and aims to inspire the student to make full use of the U.S.P. and National Formulary. Vegetable Materia Medica has not been touched on.

The Proteomorphic Theory and the New Medicine. An introduction to proteal therapy. By Henry Smith Williams, B.Sc., M.D., LL.D.; Member of the National Committee for Mental Hygiene; former Pathologist to the Iowa State Hospital; Assistant Physician to the Blackwell's Island and Bloomingdale Asylums, and Medical Superintendent of the New York Infant Asylum and Randall's Island Hospital, New York City. New York: The Goodhue Company. 1918.

The author claims that certain animal and vegetable problems hypodermically given have been noted to have a definite influence on the clinical progress of cancer—alleviating pain, lessening the discharge, reducing tumefaction and improving the general health of the patient, mentally and physically. Such

diseases as rheumatoid arthritis, pulmonary tuberculosis, pernicious anemia, intestinal toxemia, leukemia, Graves' disease, psoriasis, asthma, arterio-sclerosis, neurasthenia have also been benefited increasing the hemoglobin, red corpuscles and the other cell elements.

This book is an elaboration of this protcomorphic theory: and will be found of considerable interest to those interested in this newer therapeutic principle.

American Medical Dictionary, containing the pronunciation and definition of all the principal terms used in medicine, surgery, dentistry, veterinary medicine; nursing, and kindred sciences, with over 60 extensive tables. Edited by W. A. Newman Dorland, A.M., M.D.; Member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association; editor of the "American Illustrated Medical Dictionary." Tenth edition, revised. Philadelphia and London: W. B. Saunders Company. 1917.

This is a handy little manual with a limp cover; excellently printed on good paper. It merits a good sale. The Canadian agents are the J. F. Hartz Co., Toronto.

A Compend of Genito-Urinary Diseases and Syphilis, including their surgery and treatment. By Charles S. Hirsch, M.D., Mt. Sinai Hospital, Philadelphia. Third edition, revised; 59 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

With the return of our brave boys from the front, many with honorable scars, and also a goodly number with dishonorable scars from syphilis and gonorrhea, it behooves the members of our profession to know as much as they can about the latest scientific handling and treatment of these pestilential troubles—so fraught with danger, not only to them, but also to their wives and prospective mates. The volume epitomizes the mass of matter in the standard text-books, and is a helpful work for both students and practitioners.

IODINE FOR APPLICATION TO MUCOUS MEMBRANE*

The suggestion that uncombined iodine be applied to mucous membrane, calls up visions of hyperstimulation and destruction of tissue. Such is the effect to be expected of the orthodox forms in which the element has been provided for external use.

That this drug may be utilized upon morbid mucous surfaces, with safety, freedom from discomforting action, and positive benefit, provokes the hope that its unique antiseptic, resolvent and healing properties may be taken advantage of in many of the hitherto intractable affections of the body orifices.

It is a fact, established by clinical employment in many thousands of cases, that Iodex can be freely used upon inflamed mucous membrane, without injury; it is equally well established that many localized congestions, infections and erosive conditions of the membrane so treated, yield rapidly to its healing influence.

Iodex is a presentation of uncombined iodine (5 per cent.) in a neutral, aseptic and largely absorbable unguentous base. It is black in color, yet does not stain the skin; its iodine content is free from alkaline association, yet does not dry, crack, irritate or exert a corrosive action upon the skin.

To facilitate the application of this uniquely useful iodic medicament to the mucous membrane of the external foramina, it has been prepared and is now offered in the forms of Liquid Iodex, Iodex Suppositories and Iodex Pessaries. Liquid Iodex is of 2½ per cent. iodine strength; Iodex Suppositories and Iodex Pessaries bear 5 per cent. of the drug.

Liquid Iodex should be sprayed through a non-metal atomizer; glass or hard rubber is not affected by the element. It may also be applied on cotton swab, without producing nausea or discomfort.

Iodex Suppositories and Iodex Pessaries are in the form of gelatine envelopes filled with the unguent and wax sealed; these are prepared for use by immersion for a moment in warm water, which renders their surface soft and smooth. They melt at body temperature and deposit Iodex cleanly and uniformly

* Publisher's Department.

over the mucous surfaces of the passages in which they are placed.

Liquid Iodex is useful in all catarrhal conditions of the nose, throat and bronchial tubes, and has been employed with flattering results in suppurating antrum and eustachian salpingitis.

Iodex Suppositories have been used with great satisfaction in the treatment of hemorrhoids, fissure, fistula and ulceration, as well as subsequent to operation on the rectum, for their anti-inflammatory and healing properties.

Iodex Pessaries give gratifying results in Vaginitis, Cervicitis, Pelvic Cellulitis and inflammatory conditions of the ovaries and tubes.

INVESTMENTS THAT ARE GUARANTEED*

Doctor, does an absolute guarantee of your investments appeal to you? In all monetary investments, there is no method so well known and well patronized as the real estate mortgage. In point of antiquity, there is no older form of security than a bond based upon land. The good yield always obtainable from mortgages has attracted many thousands of people, who have found them to be rattling good investments.

The mortgage corporation bond or debenture is a special debenture issued by reputable Canadian mortgage loan corporations. These bonds are issued usually for short terms of from two to five years' duration, the shorter term bearing at the present time about five per cent. interest, while the three and five year bonds yield half of one per cent. more. Interest starts from the day funds are deposited with the corporation and debentures issued, and is payable, usually at half-yearly periods, at any branch of some one or more chartered banks. The holder of these debentures is certain of receiving his interest on the day it is due, while the mortgagee often has to await the convenience of the owner of the mortgaged land, and in some cases troublesome proceedings have to be resorted to.

The Canada Permanent Mortgage Corporation is Canada's premier mortgage company. It was established in 1855, more

* Publisher's Department.

than twelve years prior to Confederation, and is justly proud of its enviable record of more than sixty-three years. In the early seventies of last century, it was the pioneer in introducing Canadian Land Mortgage Debentures to the people of Great Britain.

THE STANDARD HEMATINIC*

For many years clinical opinion differed as to the best means of treating all forms of hemasthenosis. Iron was generally accepted as giving the best results, but it was the form of iron which caused the differences of opinion, some favoring organically-combined iron, while another school was equally enthusiastic over inorganic iron. However, thanks to medical research, the superiority of inorganic iron has finally been established, and clinicians are generally agreed that the best results are obtained by its use. It is significant that the results of the most modern scientific research should substantiate the discovery made so long ago by Dr. Blaud. It will be remembered that Dr. Blaud's discovery, which was the result of clinical observation, consisted in giving carbonate of iron in the nascent condition. Indeed, so successful was this treatment that it was communicated to the French Codex Authorities and inserted in the Codex of 1866. The method of preparing Pilules Ferrugineuses de Blaud, as they were officially called, consisted in preparing ferrous carbonate by double decomposition of ferrous sulphate, and carbonate of potash, and quickly rolling it into pills by the aid of gum arabic and syrup. Now since the success of the treatment was dependent upon the fact that the iron carbonate should be in a nascent condition, it was necessary that the pills should be freshly made, and, moreover, that they should be kept from the oxidising action of the air, as otherwise the carbonate of iron quickly changed to oxide, which was not absorbed by the stomach and was consequently inactive. This was a serious disadvantage which considerably affected the results of the treatment, for unless extreme care was taken to ensure the unoxidised nascent condition of the carbonate, practically no benefit ensued. How-

* Publisher's Department.

ever, in 1889 this difficulty was overcome by Oppenheimer, an Englishman. He succeeded in administering the carbonate and iron salts separated from one another by means of what he called a bipalatinoid, so that double decomposition was prevented until the stomach was reached. The construction of the bipalatinoid was simple, yet ingenious. It consisted of a small double-convex gelatine capsule divided into two compartments by a gelatine septum, one compartment containing the alkaline carbonate and the other the iron sulphate, so that not until the septum was broken down could reaction occur, and this was only possible when the stomach was reached. Thus nascent carbonate of iron was formed actually in the stomach itself, where it was in the ideal condition for absorption and assimilation. As to how the iron is assimilated is a matter of conjecture, but it is supposed to occur in this manner. The nascent carbonate of iron is converted by the hydrochloric acid of the gastric juice into chloride of iron. This in the presence of the albumoses is split up with the formation of albuminates of iron, and it is assumed that in this colloidal condition it passes into the duodenum and is absorbed by osmosis.

Although the bipalatinoid was evolved as long ago as 1889, it is still to-day recognized by authorities as the best medium of exhibiting ferrous salts in all conditions of anemia, chlorosis, etc., etc. Bipalatinoids are manufactured by Oppenheimer, Son & Co., Ltd., London, Eng. The Canadian Agent is M. E. Vanzant, Toronto.

ROBINSON'S "PATENT" BARLEY IN TYPHOID CASES*

A WELL-KNOWN physician found when treating a patient that the addition of Robinson's "Patent" Barley to the milk given worked wonders. He also writes:

There may be other preparations of Barley, but I have known none for the past twenty-five years but Robinson's. It seems to be standard. In fact, I have never used any preparation other than Robinson's. Its field of usefulness is unlimited in certain kinds of cases. Both in private and hospital practice it is universally used.

* Publisher's Department.

PNEUMONIA AT THE FRONT*

Dr. L. Morrel, Ambulance 6, XI, Sector 80, has been using Antiphlogistine at the Front for the past several years, and states that he has found it an unrivaled preparation in treating cases of pleuro-pneumonia.

He cites a case of a Poilu, who, all covered with Antiphlogistine, was able to go on sentry duty 200 meters away from the enemy on a very cold night in February, and this notwithstanding his having had a heavy attack of the grippe in its pulmonary form.

Dr. Fourel, Temporary Hospital No. 1, Langres, obtained remarkable sedative effects from the use of Antiphlogistine in the dyspneal symptoms of pneumonia. He states that the results have been most satisfactory in every instance.

C. Wanders, Grand Hotel Hospital, reports the successful use of Antiphlogistine in a great number of bronchial and pulmonary cases.

SOMETHING NEW—CHLORAZENE SURGICAL POWDER*

A valuable addition to the list of antiseptics is a new Chlorazene preparation, just placed upon the market by The Abbott Laboratories—Chlorazene Surgical Powder. It contains one per cent. of Chlorazene in a base of zinc stearate and sodium stearate. It is a fine, impalpable powder, free from grit and irritant substances, and powerfully antiseptic.

Chlorazene Surgical Powder may be dusted freely over denuded or abraded areas, cuts, wounds, and skin eruptions, and used as an antiseptic dusting powder of general utility, following surgical operations. It relieves itching, and subdues infection. It is applied, with happy results, to the sensitive skins of young children.

This antiseptic powder promises to be another big success, a worthy associate of Chlorazene tablets, powder and Chlorazene Surgical Cream.

* Publishers' Department.

POLLEN ANTIGEN

Clinical reports from physicians indicate that Pollen Antigen has successfully prevented hay fever in 81.6 per cent. of nine thousand cases during a four-year period (1914 to 1918, inclusive). These favorable results were reported from forty-four States in the Union (Maine to California) and from Canada, Porto Rico and Cuba.

We are glad to call the attention of physicians to the relief that may be afforded sufferers from hay fever through the use of this preparation.

Lederle's Pollen Antigen is prepared from pure pollen grains collected under the best possible conditions and is standardized in accord with its antigenic properties, thus ensuring its efficiency in desensitizing patients who possess hypersusceptibility to the natural pollen. When this hyper-susceptibility is completely discharged previous to the period when symptoms ordinarily occur, it is manifestly impossible for a reaction to take place in the presence of the natural pollen.

As this Pollen Antigen will not cause an artificial sensitization, sufferers should be afforded the relief which it offers.

The dosage is very carefully graduated, a full prophylactic treatment requiring fifteen doses, and these should be administered by a physician prior to the onset of the attack. To accomplish this the treatment should commence about six weeks previous to the date when manifestations ordinarily occur.

ATONIC INDIGESTION*

A large proportion of all cases of indigestion are due to atonic conditions. This is why Seng, a remedy that has the power of markedly stimulating the functional activity of the digestive glands, is so effective in digestive disorders generally. One to two teaspoonfuls, shortly after meals, increases glandular activity, and by thus helping the stomach to do its own work, assures relief from fermentation and distress.

* Publisher's Department.

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Editorials

PSYCHOTHERAPY

"What is Mind? Never Matter.
What is Matter? Never Mind."

EVERY successful doctor practises psychotherapy, either consciously or unconsciously. Those wonderfully successful practitioners in London in the old days—to say nothing of the present—must have known little, compared with present-day medical men, concerning disease; and, judging by their prescriptions of cat's liver, cow dung, etc., they must have known even less about treatment. It is to be inferred that a great deal of their success was due to the influence of their personality upon their patients and upon "the friends." A goodly proportion of their patients must have recovered from their illnesses, else these old-time practitioners would not have retained for long years the immense practices they acquired. These Fathers in Medicine, we surmise, must have imparted to their patients some-

thing of their own confidence, hope, cheer, which quieted the perturbations of the sufferers and gave them an optimistic outlook.

And it is so to-day. Every observant and reflective practitioner of fifty knows what Oliver Wendell Holmes maintained forty years ago is true: When a man starts in practice he has twenty drugs for every disease, but after he has practised twenty years he has one drug for twenty diseases. He likewise knows that the larger number of sick folk, under rest, change of diet and surroundings, with proper nursing, will recover through the influence of the *vis medicatrix naturae*—provided he has instilled confidence in them that he is master of the situation, and further, that he has observed the first rule in therapeutics—*Non nocere.*

In functional, nervous and psychic disorders psychotherapeutic treatment is the main point in the treatment. The medical investigator must, of course, satisfy himself that the case is purely neurotic or psychic in character; hence he should be a good diagnostician. He must eliminate any organic trouble before he stresses psychotherapy.

Even in organic troubles the ability of the physician to help the patient to take an optimistic outlook is a strong point in the therapy. Faith in the means used—human and divine—goes a long way in the recovery of even serious cases of acute disease. Further, in chronic cases, the temper of the patient, if quiet and confident, spells help; and, still further, be the case an incurable one physically, the man who

accepts the situation with contentment and courage, goes to his latter end an infinitely better man than the man who whines and grumbles at his fate.

THE "FLU" IN ALBERTA

"FLU" observers have noted fresh outbreaks and recrudescences. Several places in the West were badly "hit," in spite of extra precautions (such as the use of masks) and a modified quarantine law. In Edmonton 486 deaths were recorded, 100 of the decedents coming in from outside districts to die. As ordered by the Provincial Board of Health, schools, churches and theatres were closed. Masks were ordered to be worn outdoors as well as in. Doctors riding alone in their autos were fined because they did not or could not wear them. Unfortunately for the mask order, our informant tells us, it was put into effect long before the peak of the epidemic was reached. In spite of the masks, the morbidity and the mortality went up and up, until the peak was reached. The M.O.H. of the city—a very competent man—is of the opinion that had the mask been used at the peak it would have achieved a brilliant success. He adds that the mask may be of some use for nurses and doctors in the actual presence of the patients; but in one of the Edmonton hospitals, where nurses did not wear the mask religiously, there was a much lower incidence than in the hospitals where the mask was continuously worn.

Many of Edmonton's physicians believe that the

continuous use of the masks in stores and on the street was a positive injury, lowering the vitality of the wearers to such an extent as to make them really more susceptible to infection than if they had not worn them.

Young girls in offices and places of business complained bitterly of the inconvenience, oppression and headache caused by the masks. Even farmers were seen masked while ploughing on the prairies! Later in the epidemic the use of masks was made optional, after which not one person in a thousand continued to wear the muzzle—showing the public's opinion of it as a protective agent.

Edmonton and Calgary medicos agree that the modified quarantine (placarding) adopted was far from satisfactory. Their objection to quarantine is based on the following facts: That accurate diagnosis, in hundreds of cases, is very difficult; a rigid quarantine of all inmates of a house would have a tendency to increase the hesitation of physicians to report cases; a goodly number of citizens would delay in calling in medical help as long as possible; we do not yet know absolutely all the avenues by which the disease is transmitted, and to put on a strict quarantine would require an army of inspectors and supply waggons at great public expense.

The conclusion was that it was doubtful if the quarantine law—by which probably less than half of the cases of influenza were reported—was of any benefit whatsoever, so far as placarding itself was a means of prevention.

Canadian Journal of Medicine and Surgery

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Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited. Contributors must kindly remember that all papers, reports, correspondence, etc., *must be* in our hands by the first of the month previous to publication.

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Original Contributions

GUNSHOT AND STAB WOUNDS OF THE ABDOMEN IN CIVIL PRACTICE

N. A. Powell, M.D., F.A.C.S.

Accepting the dictum of Plato that every rational discussion should begin with a definition, we characterize gunshot wounds as traumatisms due to thermo-dynamic machines which convert the potential energy of an explosive into the kinetic energy of a projectile.

In this paper it is proposed to consider only such injuries as involve the abdomen and are met with outside of military service.

In some measure this is a continuation of a paper recently read before the Hamilton Medical Society and published in the *Canadian Journal of Medicine and Surgery.*

At a later date the writer may put upon record some recent experience with gunshot wounds of the head, the chest, and the extremities.

An Ontario Act restricting the sale of one-hand firearms, the vast extension of the use of small calibre rifles and the perfection to which high-power automatic pistols have been brought are three factors which have notably changed the type of wounds which we are being called upon to treat. Wounds made by bullets of low velocity and limited striking force, fired from cheap revolving arms, are not often encountered at the present time, whereas only a few years ago the great majority of cases were of this type. Boys using 22 calibre rifles, criminals armed with 32 or 38 calibre pistols, hunters with sporting rifles firing soft-pointed bullets, and all classes of the community handling

shotguns carelessly, now inflict the injuries we most frequently see.

The salient features only of a few cases of abdominal injury are here presented:—

Case I. Boy aet. 15, extended the butt of a rifle toward a young woman whom he wished to assist in climbing a bank. She took the stock in one hand, reached forward and caught the trigger-guard with the other, and in so doing pulled the trigger. The bullet entered his right rectus two inches above the level of the umbilicus, and passing downward and backward lodged (as was later demonstrated by an X-ray examination) in the muscles of the back on a level with the iliac crest.

He was brought to the Shields Emergency Hospital, which is the casualty department of the Toronto General, two hours after the accident.

As bowel perforation was certain and shock as yet moderate he was at once prepared for operation.

A trans-rectus incision, beginning an inch below the wound of entrance, gave free access to the bullet's track.

He was eviscerated on towels wet with hot saline solution and the hollow viscera examined inch by inch. Ten perforations were located, three of these opening up the area of greatest risk —the junction of the bowel and the mesentery. Hematomas between the layers of the mesentery told of additional injury to the blood vessels. As, I think, should always be the order of procedure, hemostatic sutures were first introduced, and then fine linen or silk purse-string sutures closed the perforations.

The wounded area was next douched with saline solution and reinforcing sutures of the Gould enfolding type were employed. As no food had been taken for eight hours and no time had been lost, I felt justified in closing the abdomen without draining.

The Fowler position, the Murphy drip, an empty stomach and *no* morphia were factors in securing an uneventful recovery.

This is the largest number of perforations I have so far had to deal with at any one time.

Case II. Boy. The bullet from a 22 cal. rifle fired at a distance of a few feet, entered the left flank midway between the iliac crest and the lower ribs, and ranging forward lodged under the skin above and to the right of the umbilicus. My

friend, Dr. Macdonald, located it there by an X-ray examination, and thinking at first that the wound involved only the wall of the abdomen, he removed the missile. Later, as vomiting, rigidity and other symptoms of gravity became manifest, he was led to believe that bowel perforation had taken place and asked me to see the case.

Twenty-six hours after the accident we opened the abdomen on the left side, brought out the intestines and examined them in every part. We found hemorrhage to a moderate extent, a number of mesenteric hematomas, and four leaking bowel perforations.

Two of these were high up in the jejunum, below the spleen, and the other two in the lower ileum. They were dealt with as in the case above cited. Extensive soiling of the peritoneum was so evident that drainage by spirally cut tubes, lightly filled with iodoform gauze wicks, was resorted to, and these we were unable to dispense with for some weeks.

As is so commonly the case when fluids of an irritating nature escape from the upper part of the intestinal tract, repair was tardy, but the outcome was a matter for mutual congratulation.

In both of these cases the gas-ether sequence was employed for anesthesia.

Preparations for the transfusion of saline solution were made, but the flow was started only when notable failure of the pulse showed the need for it. After the vessels filled and the heart had an increased volume of fluid to act upon, strychnia and camphor were given with evident advantage.

Case III. Man aet. 30. A Russian giant, as a protest against the quantity or quality of a meal with which he had been served in a down-town eating house, made his way toward the kitchen to kill the cook.

By mistake he met this patient and drove a large army knife into his left flank midway between the iliac crest and the ribs.

The wounded man was brought to the Emergency Hospital, bleeding profusely and suffering from profound shock. While being anesthetized he was prepared on the table, and within a few minutes after admission the abdomen was opened through the left rectus. It was found to contain a large quantity of

blood, and many big vessels near the spinal attachment of the mesentery were increasing the loss. The wounded part, some 3½ inches in extent, was compressed between two gauze sponges until I could pass and tighten hemostatic sutures. These proved efficient as regards the hemorrhage, but raised very seriously the question of compromised vitality in the bowel normally supplied by the vascular trunks so occluded. The rocky condition of the man and the distinct risk of his going out on the table led me to decide against resection and lateral anastomosis. There were no actual bowel perforations, but a number of injured parts called for reinforcement by suture. The pelvis was cleared of blood and drained through his laparotomy wound, while our celiotomy one was united after the abdomen had been distended with saline solution.

In the effort to rapidly control the bleeding mesenteric trunks a retractor was somewhat forcibly used.

I think this was responsible for a failure of union in the superficial part of the lower and right side of the anterior wound. We found in it only the staph. pyog. albus, for which Providence and not the surgeon has responsibility. Sterile strapping has closed the gap and cicatrization is now proceeding satisfactorily.

When we consider how closely the small bowel is packed in the quadrilateral space bounded by the cecum and colon, it is not quite easy to understand how the assailant's knife crossed the abdominal cavity and reached the root of the mesentery without opening the jejunum or the ileum.

One explanation occurs to me: The folds of the small intestine lying to the right of the spine tend to be arranged vertically, while to the left of the middle line they are mainly horizontal. This would make it possible for the weapon used to pass between two loops without of necessity penetrating either of them.

Case IV. Man act. 30. Brought by police to Emergency Hospital about 11 p.m. He had been found in a public park holding in both hands his small and a part of his large intestine, which protruded from a slash made, presumably by a razor, and extending from the spleenic region to the pubes. The hollow viscera lay against a shirt and under-vest long absent from a laundry.

Reparative work on an extensive scale was promptly undertaken and completed within an hour, the wound being drained and protected by moist dressings.

He surprised us by making a good recovery and left the hospital without one word of criticism directed toward the gentleman or lady who had so thoroughly ventilated his abdominal cavity. Possibly he had a feeling that his own conduct just prior to the accident had not been above reproach.

This case lends no confirmation to the Texan aphorism: "If a man gets a cut gut he sure dies." When we think of the mortality encountered by good surgeons, doing abdominal section in the days before Lister, his escape seems all the more remarkable.

Early abdominal section in the treatment of penetrating gunshot and stab wounds of the peritoneal cavity is justly counted as one of America's great contributions to surgery. It has been said that:—

"Science moves but slowly, slowly,
Creeping on from point to point."

Assuredly this was not the case in the subject we are considering. The genius of Sims gave it to the world complete in every essential particular. His paper, which appeared in 1881, was entitled, "The Careful Aseptic Invasion of the Peritoneal Cavity, not only for the Arrest of Hemorrhage, the Suture of Intestinal Wounds, and the Cleansing of the Peritoneal Cavity, but for all Intro-Peritoneal Conditions." Let me read you his conclusions:—

"1. The external wound or wounds should be enlarged, as soon as possible, sufficiently to ascertain the whole extent of the injuries inflicted. 2. These should be remedied by suturing the wounded intestine and ligating bleeding vessels. 3. Diligent search should be made for extravasated matter, and the peritoneal cavity should be thoroughly cleansed of all foreign matter, either fecal or bloody, before closing the external wound. 4. The surgeon must judge whether the case requires drainage or not. Generally it will not if these rules be strictly carried out. We must not forget that fecal effusion has taken place after the abdomen has been sutured, simply because the surgeon fails to find and suture all the lesions. We must not forget that fatal

results have followed enterorrhaphy when thoroughly done, simply because fecal effusion had taken place before the intestine was sutured, and had been left in the peritoneal cavity, producing death as speedily and certainly as if the lesion had not been found and closed. Therefore, it is essential not only to find all lesions and remedy them, but to be sure that we leave the whole cavity of the peritoneum perfectly clean."

As Wyeth relates: Sims left the meeting at which this paper was presented, arm in arm with James R. Wood, who remarked to him: "Sims, you are going too far!" Dr. Sims replied, "Well, Jimmy, you and I are getting old, and we may not live to see it; but what I have said to-night will be accepted and will be the practice in time."

To one thing in this remark I beg respectfully to take exception. A man like that who retained all of his receptivity and who not only kept in touch with the world's progress, but helped it along, no matter how long he had lived, *could not grow old.*

In no one of the cases I have outlined to-night was there a possible chance for recovery without operation. The proceedures by which they were saved are all in the day's work of every man who is doing modern abdominal surgery. I do not bring to you that for which the Athenians so ardently longed—some *new* thing—but point again to the importance of perfect preparation, of eliminating all waste of time and motion, and of giving, to those we are called to care for, the help that Science places within our grasp.

ON ACUTE POST-OPERATIVE DILATATION OF THE STOMACH

By A. C. Hendrick, M.A., M.B., F.R.C.S., Edinburgh.
Assistant Gynecologist, General Hospital, Toronto.

Acute dilatation of the stomach may follow any abdominal operation, but is perhaps most common after operations on the gall bladder, and the kidney. It may arise, however, after operation upon any part of the body.

It is one of the most serious complications the abdominal surgeon has to contend with, and there seems no means of know-

ing when it may arise. The character of the anesthetic used would seem to have little relation in its causation, but the skill of the anesthetist may have!

The condition resembles closely paretic obstruction in other parts of the alimentary tract, e.g. ileus after suppurative appendicitis, and the causes probably are allied.

The stomach is not only paralyzed but its secretory functions are deranged so that excessive watery secretions are first formed, followed later by similar secretions from the dilated duodenum, but this is a later stage in this condition.

In a mild way the excessive nasal and bronchial secretion in influenza and hay-fever, is analogous and as here, doubtless, the cause in both conditions is an infection and a disturbed vasomotor function.

Symptoms.—The instructions of one of my teachers, the late Professor Arthur Barker of University College, London, viz., to slip the hand under the top of the abdominal binder the morning after abdominal section, I have never forgotten. This at once warns you of the developing condition. If the top of the binder is very tight, especially along the left lateral border, the stomach is dilated. Next follows slight epigastric distress and pseudo-hiccough.

The temperature is not elevated, but the pulse is not falling.

There may be scanty secretion of urine. Then follows tympany of the gastric area, succeeded by dullness when the stomach becomes filled with fluid.

The dullness is usually along the left hypochondrium extending down the left side. There is no abdominal tenderness and this distinguishes the condition from peritonitis.

Next, the pseudo-hiccough may become a real emesis, but usually with much effort, first of a clear pale yellowish watery fluid, not so mucoid as in anesthetic vomiting, then bile stained, and finally if not relieved, almost coffee ground vomit.

The vomiting relieves only for a short time and recurs.

Diagnosis.—1. Post anesthetic vomiting. This should cease in a few hours and is usually bile-stained mucoid fluid.

2.—Peritonitis. This comes on during the second to third day; vomiting is infrequent and small in amount, and the ejected material is pale brown in color and wells up without effort. The

pulse rate increases and the abdomen is exquisitely tender on palpation.

3.—Obstructive vomiting. Comes on gradually so that for two or three days the patient appears to be progressing satisfactorily. Later the vomiting at first intermittent, gradually increases until at last is practically continuous. It may be fecal.

There are painful cramps and borborygmi. These are the chief conditions in the differential diagnosis, except not to mistake a distended transverse colon, but this is rare.

Prognosis.—Practically the condition is invariably fatal unless recognized early and treated efficiently.

Treatment.—1. When the symptoms mentioned above are recognized, I think it wise to lower the patient from the Fowler posture, if that is being used, to almost the horizontal, though when there is much abdominal distension, slight elevation of the head of the bed helps the distressed breathing.

2. Wash out the stomach with sodium bicarbonate solution 3 per cent. Often the patient objects strenuously to this procedure so rather than struggle with the patient, have a few inhalations of gas and oxygen administered and then pass the stomach tube. Repeat this as required.

3. Lower from the Fowler position and if the breathing permits, elevate the foot of the bed as, say, in a case of hemorrhage or shock.

4. Turn the patient on the right side and keep her there.

5. Give absolutely nothing by the mouth, not even sips of water. At the onset give no fluids either subcutaneously or per rectum, even the "drop method" should be withheld until the condition is controlled; this may seem cruel but is very important.

6. Give pituitrin 1 cc. B. & W. per hypodermic, and follow almost immediately with a large turpentine enema. Do this every four hours if necessary for four times. It is best not to repeat the pituitrin more than four times in twenty-four hours. If repeated nearer together one may get a tachyphylaxis. The action of pituitrin is to increase the sensitiveness of plain muscle tissue to its normal stimuli.

Strychnine—Strychnine sulphate gr. 1/30—every 6 hours is

given since strychnine increases the tonus of plain muscle and also acts as a vaso-constrictor to the splanchnic vessels.

Atropine—Atropine sulphate, gr. 1/200—every 6 hours has, in my experience, been beneficial. It exerts a peripheral effect on the vagal nerve terminals and dries up secretion, since the gastric and intestinal glands are controlled largely by nerve impulses carried by the vagus. However, the muscle fibres retain their irritability since the motor effects of the vagus and pelvic nerves on the muscular coats of the intestines and urinary bladder are resistant also to the paralytic action of atropine, i.e., peristalsis is not diminished, in fact may with moderate doses be increased. Also, atropine is said to carry vaso-motor constrictors to the splanchnic vessels. Again, the secretion of urine and lymph are not diminished by atropine, neither is the diuretic action of the pituitary autocoid antagonized by atropine.

Further, atropine does not affect the reflex action or the action of the splanchnic or vagus even after moderate doses, as far as the stomach and intestines are concerned. The kidney gland cells are not under the control of the nervous system.

7. If the patient is restless, give bromide and chloral per enema.

8. Give nutrient enemata if necessary to preserve patient's strength.

9. Only when the stomach ceases to dilate should any fluids be given by the mouth.

10. If the condition is not quickly brought under control, it may be necessary to give normal saline per rectum or subcutaneously.

11. Operation e.g., gastro-enterostomy is never indicated.

Case Reports—I shall only recite two cases, one of death and one of recovery.

Case No. 1—Female, aged 30, multipara complained of being again pregnant. The condition was really large ovarian cyst. Operation was performed and the tumor removed weighing 25 pounds. The patient on the second day after operation developed symptoms and signs of acute dilatation of the stomach. Washing was delayed for six hours. The treatment above

outlined was only partly carried out, and the patient died on the fifth day.

Case No. 2.—Patient, aged 45, multipara hysterectomy for fibrosis uteri. On the morning of the second day symptoms of acute post-operative dilatation of the stomach developed but the treatment above outlined was used and the patient recovered.

Both these patients were exceedingly stout. Other cases might be described if time would permit.

20 Bloor Street East, Toronto.

Society Proceedings

REORGANIZATION OF THE ONTARIO MEDICAL COUNCIL

Premier Hearst, at the evening session of the Legislature on April 11th, introduced a bill providing for the reorganization of the Ontario Medical Council and the formation of an Advisory Medical Committee to deal with all matters affecting the practice of medicine. This bill, which is not the general Medical Bill which has received such consideration of the Government following the report of the Medical Commissioner, Mr. Justice Hodgins, puts in legislative form some of the recommendations of Mr. Justice Hodgins regarding the constitution of the Medical Council and a number of changes asked by the Council for the purpose of disciplining members.

The Council will be composed, under the new Act, of a member from the University of Toronto, in addition to two named by the Senate in lieu of representatives of Trinity and Victoria Colleges, and one from each of Queen's, Ottawa, and Western, and every "other university, college or body in Ontario that may hereafter be authorized to grant degrees in medicine and surgery," two members elected by the registered licensed practitioners in homeopathy and eight members elected by registered members of the profession other than those already named.

The eight new electoral divisions are: (1) Essex, Kent, Lambton, Middlesex; (2) Huron, Perth, Oxford, Elgin, Norfolk; (3) Waterloo, Wentworth, Brant, Haldimand, Lincoln, and Welland; (4) Bruce, Grey, Dufferin, Simcoe, and Wellington; (5) Hastings, Frontenac, Lennox and Addington, Leeds, Prince Edward and Northumberland; (6) Prescott,

Russell, Glengarry, Stormont, Carleton, Grenville, and Lanark; (7) the districts of Kenora, Rainy River, Thunder Bay, Algoma, Manitoulin, Sudbury, Temiskaming, Nipissing, Parry Sound and Muskoka, and Haliburton; (8) Halton, Peel, York, including Toronto, Ontario, Victoria, Durham and Peterboro.

The new bill makes regulations of the Council subject to the approval of the Government and gives the Government power to cancel any regulations of the Council. One clause gives the Government the power to step in and overrule any decision of the Council refusing registration to the graduates of any university, college or other body in Canada having power to grant certificates of qualification for the practice of medicine.

Provision is also made to allow the Council to suspend a member from registration for any period that may be deemed proper, whereas under existing legislation the only power of the Council is to erase the name of an offending practitioner from the register.

The section providing for the establishment of the Advisory Medical Committee states it shall consist of three members appointed by the Government. It will have power to consider proposed legislation, regulations, by-laws relating to medical education, etc., to inquire into progress of medical education in Ontario and elsewhere, and to recommend courses of study, clinical work, scientific research, etc., which it may deem advisable for the improvement of medical education in Ontario. It will also investigate new drugs, methods of treatment, etc., and conduct experiments and tests to ascertain the merits and usefulness of such drugs and treatments. Its duties will cover inquiries into the proper qualification of those seeking admission to the practice of medicine and generally to deal with such matters as may be referred to it by the Government. The proposed bill was later dropped.

Dr. T. A. Archibald begs to inform his friends in the profession that he has returned to civil life and will devote himself entirely to the administration of anesthetics. His office is No. 112 College Street.

PRELIMINARY PROGRAMME OF ONTARIO MEDICAL ASSOCIATION

The following comprises the programme of the meeting, though it is just possible that a few minor changes will be made after this goes to press:

PROGRAMME OUTLINE

Tuesday, May 27th.

2.00 p.m.—Meeting of the Committee on General Purposes at the King Edward Hotel.

6.30 p.m.—Round Table Dinner, King Edward Hotel.

9.00 p.m.—Completion of meeting of Committee on General Purposes, King Edward Hotel.

Wednesday, May 28th.

9.00 a.m.—Registration.

10.00 a.m.—Business Meeting of the Association.

12.30 p.m.—Luncheon.

2.00 p.m.—Symposium on Influenza to be discussed under the following divisions:—History and Epidemiology, Dr. F. A. Clarkson; Statistical Studies, Dr. F. S. Minns; Nose, Throat and Ear Manifestations, Dr. J. P. Morton; Neurological Manifestations, Dr. Goldwin Howland; Obstetrical, Gynæcological and Surgical Manifestations, Dr. A. Moir; Cardio-Vascular Manifestations, Dr. Wm. Goldie; Respiratory Manifestations, Dr. H. B. Anderson; Pathology, Dr. W. T. Connell; Bacteriology and Immunology, Dr. A. Caulfield.

4.00 p.m.—Entertainment—Garden Party, to which the ladies are invited.

8.00 p.m.—President's Address—Dr. G. Stewart Cameron, Peterborough, Ont. Address on Medicine, "Shakespeare as an Aid in the Art and Practice of Medicine," Sir St. Clair Thompson, M.D., F.R.C.P., F.R.C.S., London, England.

Thursday, May 29th.

9.00 a.m.—Sectional Meetings—Medicine, Surgery, Obstetrics and Gynæcology; Eye, Ear, Nose and Throat.

12.30 p.m.—Luncheon.

2.00 p.m.—Address on Obstetrics—"The Nutrition of the Fœtus." J. Morris Slemons, Professor of Obstetrics and Gynæcology, Yale University.

3.00 p.m.—Medical Problems in Relation to Rehabilitation:—Diseases of the Respiratory System, Dr. J. H. Elliott; Cardio-Vascular Diseases, Dr. C. S. McVicar; Functional Neurosis, Dr. Geo. Boyer; Mental Conditions, Dr. C. K. Clarke.

4.30 p.m.—Business Meeting of the Association.

8.00 p.m.—War Surgery:—General Introduction, Col. A. Primrose, C.B.; X-Ray Advances During the War, Col. R. E. Wilson; Surgery of the Thorax, Major A. L. Lockwood, D.S.O., M.C., and Col. P. K. Menzies; Surgery of the Knee, Col. J. A. Kidd; Surgery of the Humerus, Major Geo. Ewart Wilson; Cranioplasty, Col. C. H. Gilmour; Nerve Restoration, Major D. E. Robertson; Prosthetic Surgery, Lieut.-Col. Guy Hulme.

Friday, May 30th

9.00 a.m.—Sectional Meetings:—Medicine, Surgery, Obstetrics and Gynæcology.

2.00 p.m.—By invitation the afternoon session will be held at the Dominion Orthopædic Hospital, Christie Street, Toronto, where the work in the various departments will be demonstrated.

MEDICAL SECTION

Dr. John F. Sheahan, Chairman, Dr. F. C. Harrison, Secretary.

Thursday

Sectional Meetings:—Congenital Pyloric Obstructive Condi-

tions, Dr. Allan Canfield; Radiographic Studies of the Upper Abdomen, Dr. H. M. Tovell; From Notes on Febrile Conditions Met with in Macedonia During the War, Dr. H. C. Parsons; Auricular Flutter and Its Treatment, Col. John Meakins, Montreal.

Friday

Sectional Meetings:—Symposium on Nephritis; Anatomy of the Renal Tubule, Prof. J. Playfair McMurrich; The Modern Theories of the Kidney Function, Prof. J. J. McLeod; Tests of Functional Capacity, Prof. Andrew Hunter; Therapy of Nephritis, Dr. Herman O. Mosenthal, New York.

SURGICAL SECTION

Dr. Edmund E. King, Chairman. Dr. T. A. Robinson, Secretary.

Thursday and Friday

Sectional Meetings:—Surgery of Hour-Glass Contractions of the Stomach, Dr. W. H. Harris; X-Ray Diagnosis of Gastric and Duodenal Ulcers, Dr. G. E. Richards; Tumors of the Bladder, Dr. W. A. Cerswell. Papers not yet announced by Dr. Ingersoll Olmstead, Dr. J. A. MacGregor, Dr. E. R. Secord, Dr. Malcolm Cameron.

OBSTETRICAL AND GYNAECOLOGICAL SECTION

Dr. B. P. Watson, Chairman. Dr. J. Gordon Gallie, Secretary.

Thursday and Friday

Sectional Meetings:—Indications and Contra-Indications for the Use of Obstetrical Forceps, Dr. A. H. Frawley; The Treatment of Puerperal Septicæmia, Dr. G. C. Copeland; On Backward Displacements of the Uterus, Dr. A. C. Hendrick; The Role of the Prenatal Clinic, Dr. J. Gordon Gallie; Treatment of Gonorrhœa in the Female, Dr. W. W. Lailey.

Additional papers not yet announced will be presented.

EYE, EAR, NOSE AND THROAT SECTION.

Dr. F. C. Trebilcock, Chairman. Dr. J. C. Calhoun, Secretary.

The Eye, Ear, Nose and Throat Section is especially fortun-

ate in the prospect of visits from Sir St. Clair Thompson, of London, England, and Dr. Alfred Braun, of New York. We have not the titles of the subjects which the former will introduce at our section meeting, but we know that the latter will speak on "The Value of the Examination of the Internal Ear." In addition we shall have contributions from members nearer home.

The section proposes to hold only one session on Thursday morning. It ought to be full of interest and afford an opportunity to meet again those members who have returned from work overseas.

Every indication points to a very interesting programme for this, our Thirty-ninth (Victory) Annual Meeting. The Programme Committee has been singularly fortunate in obtaining the co-operation of many distinguished visitors, as well as members of our own Association, to take part in the meetings.

It is hoped that every member of the Association will make a special effort to be present.

Classes proposing to hold re-union dinners are reminded that organization preparations should be commenced at once. With the war now over and many medical officers having returned from overseas, class re-unions should be popular.

The Committee on Arrangements will be pleased to render any possible assistance.

DR. F. W. MARLOW,
417 Bloor Street West, Toronto,
Chairman, Committee on Arrangements.

DR. T. C. ROUTLEY,
66 Bond Street, Toronto,
Hon. Secretary.

DR. G. STEWART CAMERON,
Peterborough, Ont.
President.

Medical Jurisprudence

THE ANTIQUITY OF CORONERS

By Everett Spring

King Athelstane of England felt in a beneficent mood; he granted a charter of privileges to St. John of Beverley. The royal mood was merry; therefore King Athelstane comprised in rhyme the privileges of his subjects. In eighty lines of verse he mapped out the performance of public functions. Here is a fragment:

> "If man be founden slain I drunkend,
> Starved on St. John rike, his agen men,
> Withouten swike his aghen bailiffs make ye fight.
> Nan over Coroner have ye might,
> Swa mikel freedom give I ye,
> Swa hert may think or eghe fee."

For 1,000 years the rhyme has survived—not because of its excellence, but for its historical value. It establishes, for one thing, the antiquity of the office of coroner. Now, despite the ten centuries of traditions that cling to the office, some states want to shake off—and others have—the institution that King Athelstane sponsored.

Through 1,000 turbulent years coroners have marched in and out through history. One thousand years of literature have caught the quaint figure. Some states now see no sanctity in the age of the institution; nothing appealing in the figure of the coroner of the present day. The usual iconoclasm of progress demands the destruction of the ancient institution.

Many times the venerable office has been assailed. Each

age rings with denunciation of the coroners. Every era hints of corruption in the administration of the office.

Originally the coroner was created as a guardian of the king's treasury. He was the reflection of the monarch; when the king was greedy his coroners were oppressive to feed his avarice. As England's history contains more selfish figures in the reigning line than probably any other history in the world, the office of coroner has not bedecked itself with hallowed traditions.

Sometimes through history the keeper of the king's pleas is referred to as the coroner, other times as the coronator, but coroner is the term that has survived.

In the feudal days only knights were chosen for the office. Their selection was for a twofold purpose: They gave power and dignity to the work of collecting for the king, and they were able to share in the rich profits of the king through the office.

Scandal broke out even then. It was charged that men were using the office only for their own private purse; that the king was being cheated. So that his appointees might be above temptation the crown decided that only those who enjoyed a private income of twenty pounds a year—considerable money in those days—would be eligible for the office. One man, history records, was ousted for insufficiency of estate.

Many were the functions of the coroners of the early days. The principal duty that now is invested in the office—the inquest into sudden, violent, or unnatural death—was but an incident in the work of the coroners of the time of Edward I.

The first of the Edwards devoted himself to describing in detail the scope of the coroner's duty and its performance. The coroner had to hold inquests on royal fish. The two fish of royalty were the whale and the sturgeon. Whenever they were found on Albion's coast they were seized for the crown by the coroners. To the king was given the head of the whale, the queen received the tail. When sturgeon was caught the king appropriated it all.

It was the function of the coroner to seize all treasure-trove for the king. In the old days now and again a treasure chest

would be dug up in the garden, a hoard centuries old. Not infrequently those who found the treasure would seek to keep their knowledge from the king. Edward I told how a sharp-eyed coroner might detect the evidences of the concealment of found treasure.

"Look for where one liveth riotously," he said, "and haunts taverns and hath done so for a long time."

When it was proved that those of newly-formed and expensive habits had been spending the king's money, as treasure-trove was known, they were put to death by order of the coroner. Also the coroner had to concern himself with outlawries, shipwrecks, prison breaches, arson, and housebreaking.

Edward I decided that coroners should be elected. Before that time they had been appointed by the king.

One of the unique institutions that obtained in Edward's time, and over which he gave the coroners complete supervision, was that of treating with criminals who sought sanctuary.

It was held until James I took the throne that all criminals who fled within the precincts of a church were in sanctuary, and could not be touched by the common law. When a malefactor sought refuge the church was surrounded by the inhabitants of the four neighboring villages, who held vigil until the arrival of the coroner of the county. The coroner would parley with the wrongdoer.

One of three courses was open to the fugitive. He might confess his crime and abjure the realm. It then was the coroner's duty to see that he left the country by the nearest port. He might consent to stand trial, or he might persist in sanctuary, in which last event he was besieged and starved to death.

The determination of the cause and manner of death came into the functions of the coroner because of the purely selfish interest of the crown. Every blow struck at a subject of the king was interpreted through the coroner as a blow at the king himself. Therefore when a man was murdered the king ordered coroners to perform an inquest, after which they declared forfeit to the crown all the property of those believed to have committed the murder.

Before Edward I ascended the throne the office had fallen into such disrepute that knighthood was not an essential quality in the incumbent. Few of the true-hearted knights would consent to carry out the work laid down for the coroner.

Now and again, when the work of the coroners proved lax, a system of fines was imposed to jack them up. Henry VII made his coroners pay a fine of one hundred shillings each time they failed to view a body within a specified period.

A generous acceleration of the wealth of England's kings came through a policy adopted in the time of Henry I—the system of deodand. A deodand was a forfeit to the crown due to death. Everything that had been the cause of death was turned over to the king.

If one of Henry's subjects had been kicked to death by a mule the animal was confiscated by the coroner for the king. If a man fell off a hay wagon with fatal results the hay and the wagon belonged to the king.

The king had the coroner pronounce the instruments of death, animate and inanimate, "accursed things." It was told to those who suffered the loss of property that the "accursed things" would be turned over to the king's almoner, and later would find distribution through pious channels.

When one of the manor lords was in special favor with royalty he was invested with the right to levy deodands on his tenants. One of the strange medieval distinctions in the matter of deodands was that a ship was forfeit to the king when a man fell over its side into fresh water, but the cargo did not pass under seizure. Had the sailor fallen into salt water no deodand would have been declared against the ship. That rule obtained until 1887, when Queen Victoria caused a new coroner's act to be passed which practically confined the duties of the coroner to the investigation of death.

Suicide, or felo-de-se, as it is referred to throughout English literature, was another reason for forfeiture of property to the crown. It was of particular moment to the king to have a coroner favorable to his inclinations at work when one regarded as an enemy of the crown passed away. The verdict was suicide no matter what the cause of death, when the king coveted the land of a hated subject.

Likewise suicides often were coveted by the coroners.

It was the province of the coroner also to determine whether in cases of suspected suicide burial in consecrated ground should be accorded the victims.

At first the coroners took their compensation fees. This method of payment brought on such abuses of the office that Henry VII set a payment of eighteen shillings and fourpence when his coroners investigated murder. The fee was defrayed out of the goods of the criminal or by the township in which the crime occurred.

George II raised the price. He decided that the coroners should receive twenty shillings for every inquest, and that ninepence a mile was to be paid when they had to travel far from home. The price for the murder inquests set by Henry VII was added to the usual inquest price.

Now the coroners in England are paid by their respective districts, all on a feeless basis.

When the English settlements in America assumed enough importance for the appointment of a governor, each of the New England governors appointed a coroner.

One of the earliest coroner's cases on record in this country happened just when William Penn reached what afterward became Philadelphia. The date of 1683 is recorded as the death of Benjamin Acrod, in whose case the coroner's jury found he "killed himself with drinks." According to the law his property reverted to Penn, but he relinquished his claim in favor of the heirs.

After the thirteen original states shook themselves loose from England the coroner's office was retained as a necessary institution. As each successive state came into the Union it adopted the coroner system as part of its government.

One of the criticisms of the coroner has been recorded in immortality by Shakespeare. He hints in "Hamlet" of something "rotten in Denmark." Here is the conversation that opens the fifth act; the scene is the graveyard wherein Ophelia is to be buried:

First Clown: Is she to be buried in Christian burial, that wilfully seeks her own salvation?

Second Clown: I tell thee she is; therefore make her grave straight. The crowner hath set on her, and finds it Christian burial.

One of the bitterest enemies of the coroner was a contemporary of Shakespeare, Sir Edward Coke. He inveighed both in and out of Parliament against the system of fees.

A century later Samuel Pepys entered in his diary under date of June 21, 1668, how he had been called hurriedly by his cousin, Kate Joyce, to see her husband. It appears from Pepys' account that Joyce had thrown himself into the pond beside the White Lion Inn in Islington, with intention of committing suicide.

He was rescued, but caught a fatal cold from which he was suffering when Pepys reached his bedside. The diarist records that the worry of Joyce's family and friends was that his property would be seized under the felo-de-se provision.

Mistress Joyce carried out the plate to a safe hiding place, and Pepys, trembling with fright, brought away with him several flagons. Subsequent entries in the diary tell that Pepys spoke to the king about the circumstance. The verdict in the case, two weeks afterward, was that Joyce came to his death through fever.

When Amy Robsart, the wife of Robert Dudley, Earl of Leicester, died in 1560, suspicion fell on Richard Varney, Leicester's man-of-all-work, as Sir Walter Scott has described. The earl's correspondence showed that he exerted a dominance over the coroner. The coroner found that she had come to her death through natural causes.

One hundred years after Pepys, Sir William Blackstone, the most eminent jurist in the history of the English law, selected the coroner as a target: "Now, indeed, through the culpable neglect of gentlemen of property," he said, "this office has been suffered to fall into disrepute and get into low and indigent hands; that so, although formerly no coroners would condescend to be paid for serving their country, and they were, by the Statute of Westminster, expressly forbidden to take reward under pain of a great forfeiture to the king, yet for many

years past they have only desired to be chosen for their perquisites, being allowed fees for their attendance by the stature enacted under Henry VII, which Sir Edward Coke complains of bitterly; though since his time those fees have been much enlarged."

The Lord Chief Justice of England and the Lord Mayor of London are ex-officio coroners. Several of the minor justices also are coroners. However, those actively employed as coroners are elected for life in their respective districts.—*Case and Comment.*

Personals

Dr. G. Sterling Ryerson has resumed practice after having given the greater part of his time for the past four years to the work of the Canadian Red Cross Society—of which he is founder and past president, and to the American Red Cross. In the course of his work he has visited France and England, in the interests of the society, and has traversed the American Continent from Quebec to Vancouver, and the Pacific Coast from Los Angeles, Southern California to Sitka, Alaska. He has also spoken in several of the Eastern States. His offices are at No. 2 College Street.

Major Frank Harton Pratten, M.D., who enlisted in May, 1915, spending the summer of that year at Niagara Camp, and leaving for England with the 35th Battalion in October, has again reached home. Dr. Pratten, on his arrival in England, was connected with Moore Barracks Hospital until early in 1917, when he left for the front, becoming attached to No. 2 Battery. He was present at Vimy Ridge, Hill 70, and other battles, and came through without a scratch. He was recalled to England to join the staff of the London Special Hospital for Tuberculosis, being selected for special duty on account of his knowledge and experience with tubercular patients, having spent several years in charge of the Muskoka Free Hospital for Consumptives.

Lieut.-Col. E. B. Hardy, D.S.O., is posted for duty as officer in command of the St. Andrew's Military Hospital in place of Major T. D. Archibald.

Major Benjamin L. Guyatt, C.A.M.C., is posted for duty as officer in command of the Base Hospital, in place of Col. Hardy.

Obituary

Dr. C. J. McBride, one of the most popular physicians in Welland, died on March 2nd. He was born thirty-five years ago at Cookstown, being the son of the late Robert McBride. He was graduated from the University of Toronto, and came to Welland seven years ago, since which time he had built up the largest practice in the county. He has been coroner for a number of years.

Dr. Anson Buck died at his home at Palermo, Ont., on April 18th. Dr. Buck was born in 1833, and attended the grammar school at Palermo—the first grammar school in Upper Canada—where he was a keen student of the classics. He came to Toronto to take a course in Medicine at the Royal College of Medicine, and with his death there passed the last member of the class with which he was graduated. Later he went to Jefferson Medical College, Philadelphia, from which he was also graduated, going from there to England—six weeks' journey by sailing vessel—to take a nine months' course at Guy's Hospital, London. He was graduated from the Royal College of Physicians and Surgeons, London, and returned to Canada to practice in his birthplace. He practised for one year and a half before he attained the age of twenty-one, and was also married before he reached his majority. His wife predeceased him in 1906.

The Physician's Library

"The Future Citizen and His Mother." By CHARLES PORTER, M.D., B.Sc., M.R.C.P. (Edin.). Constable and Co., Ltd., London, 1918.

This little book of 140 pages is based upon a series of public lectures on Maternity and Child Welfare, which were given in order to show clearly and simply how matters stood in relation to the health of the youngest members of the population of English towns and cities, and to indicate what was done and what might be done to improve the life and health chances of these little citizens. The author is the Medical Officer of Health of the borough of St. Marylebone, London. His book should be in the hands of the M.O.H. of every Canadian municipality.

Surgical Treatment. A Practical Treatise on the Therapy of Surgical Diseases for the Use of Practitioners and Students of Surgery. By JAMES PETER WARBASSE, M.D. In three volumes, with 2,400 illustrations. Vol. III. *Complete Index to Volumes I., II. and III.* of Warbasse's *Surgical Treatment.* Philadelphia and London: The W. B. Saunders Co. Canadian Agents: The J. F. Hartz Co., Limited, Toronto. 1919.

The third volume of this splendid series is fully equal to the preceding ones, and the whole makes one of the best works on Surgical Treatment that we have had the privilege of reviewing in years. Among many other surgical procedures covered in Volume Three, we find at some length such subjects as The Treatment of Hernia—The Rectum and Anus—The Vermiform Appendix—The Liver and Gall Bladder—The Genito Urinary Organs—Operations on the Bladder, Prostate Gland, the Urethra —The Testicles and Scrotum—The Female Generative Organs—

The Upper and Lower Extremities—Amputations—Plastic and Cosmetic Surgery—Electricity and Radiation in Surgical Treatment—and Bandaging. The appendix will be found exceedingly useful in allocating the different subjects, their pages and volume. We heartily congratulate Dr. James P. Warbasse on the results of his labors.

The Intensive Treatment of Syphilis and Locomotor Ataxia by Aachen Methods (with notes on Salvarsan). By REGINALD HAYES, M.R.C.S., etc. Third Edition, revised. London: Bailliere, Tindall & Cox, 8 Henrietta Street, Covent Garden. 1919. All rights reserved.

In this book the author gives a most interesting account of the treatment of acute and latent syphilis by the intensive mercurial treatment. He cites several cases, at the end, which are most interesting and bear out his contention. Every one who is interested in these conditions should have a copy of this small book, which is comprehensive and most readable.

Pharmacal Advance, April, 1919. "*Why Are Headaches?*" by DR. E. F. BOWERS, is one of the interesting and timely articles. Practical, up-to-date therapeutics are discussed in each issue. "Readable from cover to cover" is the opinion of many physicians. If you do not receive this magazine regularly, it will be sent, gratis, if you will write to Pharmacal Advance Publishing Co., 168 Duane Street, New York City.

The Doctor's Factotum. Bacillus Acidophilus number. The Arlington Chemical Co., Yonkers, N.Y., recently published a Bacillus Acidophilus number of *The Doctor's Factotum.*

This issue is of particular interest, and must be the result of an immense amount of laboratory work. We congratulate the publishers upon it and would suggest to readers of this journal that, if they have so far not received a copy, they should write to the publishers for one, it being well worthy of careful perusal.

Personal Hygiene and Home Nursing. A Practical Text for Girls and Women for Home and School Use. By Louisa C. Lippitt, R.N., Assistant Professor of Corrective Exercises, University of Wisconsin; a Head Reconstruction Aide in Physiotherapy, Medical Department, United States Army; formerly Instructor, National School of Domestic Arts and Sciences and Instructor in the Training Schools of Garfield Memorial, Providence, Columbia and other Hospitals. Illustrated. New World Science Series, edited by John W. Ritchie. Yonkers-on-Hudson, New York: World Book Company. 1919.

In this volume a specially important chapter is devoted to the effect of posture on health and efficiency. The author maintains that loss of health may often be attributed to lack of knowledge of hygiene. Explicit rules are given for the prevention and spread of communicable diseases. Methods of disinfection are clearly described. Description of methods of handling the common emergencies will be found helpful to lay readers.

The Principles and Practice of Obstetrics. By Joseph B. DeLee, A.M., M.D., Professor of Obstetrics at the Northwestern University Medical School, Chicago, etc. With 949 illustrations, 187 of them in colors. Third edition, thoroughly revised. Philadelphia and London: W. B. Saunders Co. 1918.

It seems but a short time since we had the pleasure of reviewing Professor DeLee's second edition, and it can be safely said that, if the author's third edition is given the same splendid reception as the preceding volume, Professor DeLee will have no reason to complain. The new edition has been completely revised. In many places a certain amount of pruning has been found necessary, but here and there the text has been amplified, including the treatment of eclampsia, the conduct of labor, the newer methods of Cesarean section and obstetric anesthesia. We must congratulate the Saunders' firm on the excellence of the printing; the volume from a typographical standpoint being most creditable.

Massage and the Original Swedish Movements. Their Application to Various Diseases of the Body. Lectures before the Training Schools for Nurses connected with the Hospital of the University of Pennsylvania, German Hospital, Woman's Hospital, Philadelphia Lying-in Hospital, Philadelphia Polyclinic and College for Graduates in Medicine, and the Kensington Hospital for Women of Philadelphia. By KURRE W. OSTROM, from the Royal University of Upsala, Sweden. Eighth edition, revised and enlarged, with 125 illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street.

In this little book the author covers, in a general way, the subjects of massage and Swedish movements. The book is a simple and practical compilation of these two subjects, and should be used as a guide book by anyone who is interested in these two therapeutic agents. There are not many pages used in the theoretical discussion of the subject, but they are solely devoted to it from a practical standpoint. The book should be read by all nurses contemplating doing massage work as well as their other professional duties.

International Clinics: A quarterly of illustrated clinical lectures and especially prepared original articles on all branches of medicine and surgery. Edited by H. R. M. LANDIS, M.D., Philadelphia, with other distinguished collaborators. Volume IV. Twenty-eight series, 1918. Philadelphia and London: J. B. Lippincott Company, 1918.

Two of the subjects most prominently in the minds of men to-day—influenza, its complications and sequela, and articles on war surgery received timely and prominent presentation in this number. Other subjects of general and special interest are not neglected. There is a symposium on carcinoma, an article on epidemiology and short reports of numerous clinics—all good.

Text Book of Chemistry, Inorganic and Organic, with Toxicology. For Students of Medicine, Pharmacy, Dentistry and Biology. By R. A. Witthaus, A.M., M.D., late Professor of Chemistry, Physics and Toxicology in Cornell University. Seventh revised edition by R. J. E. Scott, M.A., B.C.L., M.D., Fellow of the New York Academy of Medicine; Editor of "Witthaus' Essentials of Chemistry and Toxicology," etc., etc. New York: William Wood & Company. 1919.

The fact that this book has already gone through six editions is evidence of its popularity and worth. The new edition has been carefully revised and brought up to date.

The aim of the authors has been to stimulate the student to think, and to remember principles rather than isolated facts. This purpose has been reflected in the pages of the book. It is especially adapted for the use of medical students, who will find it an excellent text-book, not only for their earlier years in college, but throughout their course and in their subsequent studies.

The part in the earlier editions dealing with physiological chemistry has been omitted, as this subject is now so important as to require a separate text-book. Similarly, many of the sections of physics have been omitted. Altogether the book is well suited to fill its intended rôle: to aid in the study of general chemistry.

The Principles of Acidosis and Clinical Methods for its Study. By Andrew Watson Sellards, Associate in Harvard Medical School. Cambridge: Harvard University Press, 1917.

A considerable amount of work has been done already on this new subject in connection with the investigation of diabetes, nephritis and the cyclic vomiting of childhood. Lewellys Barker has investigated the nephropathies in his clinic at Baltimore. Dr. Sallard's monograph covers the requirements for the routine of a clinic in so far as theory, application and technical methods are concerned; but for the sake of sim-

plicity of presentation, the classical arrangement as regards the expected sequence of definition, etiology, diagnosis and therapy has been sacrificed. Many of our older practitioners will do well in their urinary analysis, to test for acetone and diacetic acid, not only in diabetes, the nephritides and cyclic vomiting, but also in those cases where difficulty of diagnosis presents itself. They mayhap discover indications of acidosis, and will be pleased to note what a change will occur upon the administration of the bicarbonate of soda, and the prescription of foods which produce an alkaline or neutral urine. Becoming interested in the subject of acidosis in so practical a way, they will be interested in such work as this of Sellard, which discusses such subjects as the equilibrium between acids and bases, clinical signs of acidosis, the behavior of the body toward soda, the differential diagnosis and etiology of acidosis.

BOOKS, PAMPHLETS, ETC., RECEIVED

Short Notes and Mnemonics of Anatomy. By A. S. Irving. Messrs. E. & S. Livingstone, 17 Teviot Place, Edinburgh.

Students' Pocket Prescriber and Guide to Prescription Writing. Revised in accordance with the *British Pharmacopœia*, 1914. By David Mitchell Macdonald, M.D., F.R.C.P. Sixth Edition. Messrs. E. & S. Livingstone, 17 Teviot Place, Edinburgh.

ANTISEPTIC LOTIONS IN WOUNDS OF WAR*

Abstract from "*War Primers.*" Pub. by Oxford Medical Press, London.

Most surgeons will now agree that swilling the wound out with lotions of various so-called "antiseptics," all of which are probably useless for the immediate destruction of germs, is not only absolutely inadequate, but has the following great disadvantages:

(1) Active living germs are forced into muscular planes and recesses, where they can thrive in pockets of pus, and amongst them may be anaerobic germs; (2) the barrier of lymph and leucocytes just beginning to be laid down by Nature is interfered with; (3) there is danger of fluids being actually carelessly forced into the pleural cavity. The authors rightly condemn the use of mercuric lotions, weak lotions of tincture of iodine, tarry preparations, and hydrogen peroxide, all of which are to some extent antiseptic, but not sufficiently strong for the purpose intended. It should be pointed out that another great disadvantage of nearly all so-called antiseptics is that they precipitate albumen, forming an inert compound, and thus they act on the blood of the wound and effectually check the entrance of more antiseptic to the deeper parts, where the organisms have taken up residence and protect the organisms from the protective resources of the body. Moreover, every investigator who has attempted to test the bactericidal value of "antiseptic" lotions in the presence of pus or albumen is agreed as to their absolute inefficacy. To quote one instance only, the authors just quoted report the killing power of corrosive sublimate solution on staphylococcus.

Tested in serum	1: 15,000
In corpuscles	1: 5,000
Tested in pus	1: 1,200

It is well-night impossible to attempt to eradicate the notion of the value of antiseptic lotions, but facts show that they are in the main useless, and may be dangerous in the wounds we have under consideration.

It is very probable that another substance will prove of wide

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value in the immediate treatment of wounds of the thorax; that is. the compound of iodine, now known as "Iodex," which contains 5 per cent. of pure iodine; so far as I can observe, it is the only solution which does not precipitate proteids when brought into contact with it. On the other hand, the iodine it contains penetrates into a proteid, such as gelatin. Certainly in later wounds I have the strongest belief in its efficiency. It is quite painless when applied.

Surgical Strategy, a booklet containing a compilation of some interesting war surgery, will be sent, free of charge, upon request to Pharmacal Advance, 168 Duane St., New York City.

GILT-EDGED SECURITIES*

THE debentures issued by our long-established Canadian Mortgage Corporations have an enviable record as securities of the most gilt-edged sort. The Dominion and Ontario Governments accept the debentures of many of these companies as a part of the deposit required to be made by insurance companies, and we need scarcely say that only securities of the very highest class are accepted by the experienced officials of the Insurance Department.

No class of our Canadian financial institutions can point to a better record, nor can claim a higher reputation for long service, strength and solidity than these old and conservative mortgage corporations, some of which were founded prior to Confederation, and most of which date far back into the last century. Of course, an investor should exercise ordinary care by selecting the debentures of a corporation which has a record in keeping with that of the generality of these institutions. The date of its establishment, the amount of capital and reserves, the success it has had as measured by its profits over a period of years, should all be looked into.

From any of these standpoints the Canada Permanent Mortgage Corporation will bear the closest investigation. It may be said to be Canada's premier mortgage company. Founded in 1855, it is twelve years older than Canada. Its paid up capital

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and reserves amount to $11,672,509.77. For years a quarter of a million dollars have been annually added to the reserve fund after paying very satisfactory dividends to the shareholders. What more satisfactory investment can a physician or any professional man have than a debenture taking priority of this large amount of shareholders' funds? These debentures may now be had to pay a specially attractive rate of interest. Enquire about them.

PELMANISM IN SHELL SHOCK CASES*

THE scientific value of Pelmanism was emphasized during the war, not only by the results obtained by the 5,000 officers and men of the British Army and Navy who followed the course, but also by the effects of this Mind and Memory training system upon shell-shocked soldiers.

While the Pelman Institute sets up no claims of being able to cure all sufferers from shell shock, it has proved that in hundreds of cases it is possible to restore men to normal mental conditions by its system of producing concentration. "I think of no better method than Pelmanism," says Major-General Sir Frederick Maurice, who was recently in Canada, "either for keeping the mind fit in times of leisure or slackness, or for restoring mental vigor to a soldier whose mind has become flabby from overstrain or physical weakness."

For this reason, Pelmanism should come under the notice of Canadian practitioners. They will find it a distinct aid in many cases, and as it is recognized by the profession in Great Britain as ethical, there is every reason to believe it will become more generally known in Canada. The Canadian branch invites the fullest enquiry.

Truth published a report on Pelmanism that is famous now. A reprint of it may be had, along with a descriptive booklet on "Mind and Memory," and another on the Principles and Methods of Pelmanism, by writing The Pelman Institute, 728 Temple Building, Toronto, Ont.

* Publisher's Department.

AN IDEAL RESORT FOR CONVALESCENT PATIENTS

Physicians have frequent opportunities of referring those convalescing from illness to a resort where they can quickly recover their old-time vigor and enjoy an almost ideal climate, 2,500 feet above sea level. Such a resort is Virginia Hot Springs, just one night out of New York. The management have spent a huge sum of money on this choice spot in "Old Virginny," and are anxious that the Canadian medical profession should continue to refer cases there, as they have done in years gone by. The Homestead Hotel is one of the handsomest houses in America. It is built of solid brick, containing 500 guest rooms, with many parlor suites and 300 private baths. It is spacious, dignified, quiet and restful, with magnificent mountain views on every side. It is no exaggeration to say that Hot Springs means the Homestead Hotel. The Company owns 5,000 acres surrounding the hotel, so that physicians can understand that their patients have every opportunity of enjoying outdoor life and regaining thereby their normal strength.

The dominant factor making Hot Springs world-famous is the cure in which the climate as well as the water assist. The waters are conducted by gravity to the bathhouse and distributed fresh from the ground to the bathing apartments on different floors without loss of heat or its increase by artificial means, and fully charged with all their gases and other health-giving qualities. At none of the celebrated places in Europe, and at no other springs in America, is the temperature prescribed for hot baths that at which the water actually emerges from the earth in the natural springs.

The springs are beneficial, not only for bathing, but for drinking. Besides the hot springs, the effects of which as drinking waters are pronounced, there are magnesia, sulphur, and soda springs within the grounds, and alum water from a spring not far distant. The water from the soda spring comes strong and clear from the ground at a uniform temperature of 74 degrees. Physicians should address for full information Christian S. Andersen, Esq.

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